

	<b>METROPOLITAN NAGA WATER DISTRICT</b>		Document Code: <b>PAMDF09</b>
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	<b>CUSTOMER FEEDBACK FORM</b>		Effectivity Date: March 2017
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Republic of the Philippines  
**METROPOLITAN NAGA WATER DISTRICT**  
 40 J. Miranda Avenue, Naga City

**CUSTOMER FEEDBACK FORM**

We at MNWD care about what you think of the services we provide. We value your feedback and would appreciate you taking a few moments and filling out this form.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Date: \_\_\_\_\_  
 Account No.: \_\_\_\_\_

Type of service received: \_\_\_\_\_

	Poor	Good	Excellent
1. Please rate the friendliness of the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Please rate the quality of materials used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the staff perform and complete the activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How would you rate the quality of the service given?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share your thoughts on what we can do to improve our service.

Comments/Recommendation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Are you willing to grant Public Relations and External Affairs section under the office of the General Manager permission to use your statement above for the purpose of promotion of its program? Yes  No.

Thank you.

\_\_\_\_\_  
 Signature over printed name

AIO No.: \_\_\_\_\_  
 Assigned Plumber: \_\_\_\_\_