

	<h1>Bureau of Corrections</h1>	Form Reference Code <b>STO-PR-007-F02</b>	
		Revision No. 0	Effectivity Date 01/05/2018
<b>CLIENT SATISFACTION SURVEY FORM</b>		Page 1 of 1	

Thank you for giving us the opportunity to serve you better. Please help us by taking a few minutes to tell us about the service that you have received so far. We appreciate your concern and want to improve to meet your expectations.

**CLIENT INFORMATION:**

1. Name : \_\_\_\_\_ Signature \_\_\_\_\_  
 2. Address: \_\_\_\_\_ Contact Nos. \_\_\_\_\_  
 2. Services requested: \_\_\_\_\_

**How often do you avail BuCor services?**

	/		/
<b>Once a year</b>		<b>Once a month</b>	
<b>Daily</b>		<b>Every 2 – 3 months</b>	
<b>Weekly</b>		<b>2 -3 a year less often</b>	
<b>Only when need arises</b>			

**Please rate the services you have received.(Check appropriate box)**

	5	4	3	2	1	REMARKS
	<i>Excellent</i>	<i>Very Satisfactory</i>	<i>Satisfactory</i>	<i>Fair</i>	<i>Poor</i>	
BuCor personnel are well trained/courteous						
BuCor personnel are well supervised						
BuCor personnel adhere to standards of public service						
BuCor services instructions are clear and easy to understand						
BuCor personnel act to my best interest						
BuCor personnel responds/act on my inquiries/request in a timely manner						
Overall Satisfaction with the BuCor services						
COMMENT/SUGGESTIONS:						

**Note: Please forward this survey to the ARTA Action Office located at Administration Building, NBP/OPPFs**