Control No		Date:
CUSTOMER INQUIRY AND	FEEDBACK FOR	M
Name: A	ge:	Gender: Male Female
Office/Residence Address: er	nail address:	
I. PURPOSE/S (Dahilan ng pagpunta sa TESDA):		
Authentication (CAV / COC / NC) Maritime (Seafarer Rating) Regular (Land Based) Others Competency Asses School-based Conc Training (CBTP/KA Scholarships	erns (SO / UTPRA	Submit Documents Others: (specify)
Certification NC/COC Maritime (Seafarer Rating) Regular (Land Based)		
Released CAV Received NC/COC Request Released NC/COC Referred to Assessment Center Referred to	Focal ocuments Person Concerne	by the second
Name and Signature of Responsible Person:		<u> </u>
III. CUSTOMER SATISFACTION		
MAARI PO LAMANG NA PAKISAGOT ANG MGA SUMUSUNOD 1. Natugunan po ba namin ang inyong sadya sa pagbisita sa TE Oo	NA TANONG: SDA?	si
Gaano po ba kayo nasiyahan sa aming pagtugon sa serbisyong inyong natanggap? Paki lagay ng "check mark" sa mga kahon sa napiling sagot.	igihan ng TES maayos n ser	lagay, anu-ano ang mga kailangang pag- SDA upang higit na makapagbigay ng bisyo sa mga kliyente. Paki lagay ng sa mga kahon sa napiling sagot.
Lubos na nasiyahan (Very Satisfied) Nasiyahan (Satisfied) Hindi masabi kung nasiyahan o hindi (Neither Satisfied nor Dissatisfied) Hindi Nasiyahan (Dissatisfied) Lubos na hindi naisyahan (Very Dissatisfied)	Hind Hind Hind	agal na serbisyo ii kumpletong impormasyon ii maayos at hindi malinis na tanggapan ii magalang na staff i magalang na gwardiya pa: (specify)
KOMENTO O REKOMENDASYON:		
Name and Signature of the Officer of the Day		Signature of the Customer

TESDA-SOP-OCSA-04-F02

CUSTOMER INQUIRY FEEDBACK LOGSHEET/LOGBOOK (Face to Face)

Date	Control No.	Name of Client	Address	Contact Number	Purpose/s	Action/s Taken	Person Responsible	Rating on Satisfaction Level: (VS/S/Poor)	Comments/ Recommen- dations
	8.70								

				_			-		
				MANAGE THE			a belanda beri in		

LEGEND:	Prepared by:	Received by:
	Name and Signature	Name and Signature
	Officer of the Day	CSC Chair/CSF COROPO

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CCU CLIENT LOG FORM

Caller Code	Time of Call	Caller Location	Caller Name	Address	Telephone number	Specific Concern	Type of Inquiry	Action Provided	Office Referred to	Source of Information	Time Ca Ended
				-							
					-						-
	_										-
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CCU e-MAIL LOG FORM

No.	email Sender	email Address/Contact Info	Date email Received	Type Query	Specific Concern	Action Taken	Date Transmitted

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CCU SMS LOG FORM

No.	Date SMS Received	Mobile Source	Specific Concern	Type Query	Action Taken	Date Transmitted
			-			
			25			
						-

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Monitoring Form for Calls by Area Month _____

Area		***			DAY:	S OF THE N	НТИО				TOTAL FOR
(Region/Province)											THE MONTH
	Sub-total	0	0	0	0	0	0	0	0	0	0
-		-									0
											0
											0
	Sub-total	0	0	0	0	0	0	0	0	0	0
						30					0
											0
									v2		0
	Sub-total	0	0	0	0	0	0	0	0	0	0
											0
											0
	***										0
	Sub-total	0	0	0	0	0	0	0	0	0	0
											0
											0
											0
GR	RAND TOTAL	0	0	0	0	0	0	0	0	0	0



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Monitoring Form for Calls by Category Month _____

Category	DAYS OF THE MONTH										
(TESDA Programs and Services)								_	-	THE MONTH	
Sub-total	0	0	o o	0	0	0	0	0	, 0	0	
					3000.00		8.50			0	
										0	
										0	
Sub-total	0	0	0	0	0	0	0	0	0	0	
										0	
					,					0	
				33						0	
Sub-total	0	0	0	0	0	0	0	0	0	0	
					30 00 00 10 00 00 00 00 00 00 00 00 00 00					0	
		200			N					0	
										0	
Sub-total	0	0	0	0	0	0	0	0	0	0	
										0	
	200									0	
										0	



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								50			0	- 1
	GRAND TOTAL	0	0	0	0	0	0	0	0	0	0	

Monitoring Form for Irrelevant Calls Month _____

Type of Irrelevant Call	DAYS OF THE MONTH											
							200.00			THE MONT		
Connect Call								<u> </u>		0		
Disconnected/Grounded							-			0		
Drop call										0		
No Answer										0		
Prank call	1078 TOPS									0		
Wrong number										0		
GRAND TOTAL	0	0	0	0	0	0	0	0	0	0		

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Monitoring Form for Daily Calls	per	Hou
Month		

TIME	DAYS OF THE MONTH														
LIMIC														TOTAL	
8AM-9PM															
9AM-10PM															
10AM-11PM															
11PM-12NN*															
12NN-1PM															
1PM-2PM															
2PM-3PM														A.	
3PM-4PM															
4PM-5PM													10		
5PM-6PM														1 10 10	
6PM-7PM															
7PM-8PM															
TOTAL						le le									

CRS Supervisor

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TESDA-SOP-PIO-03-F08

Technical Education and Skills Development Authority (TESDA)

ACT 100 TO 100 T		(TESDA)		
Report Year	CCU COMPLAINT REPORT FORM DATE			
NAME OF COMPL	AINANT:	COM	1PLAINT	
		RECEIVED BY:		_
		RECEIVED ON:		
NATURE OF COM	IPLAINT	DETAILS OF COME	PLAINT	
ACTION TAKEN				_
		Prepared b	DV:	
			7	
Noted by:		CRS Staff		

Annex 1k

10	PROCEDURES MANUAL	Document No. TESDA-SOP-PIO-03	
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Technical Education and Skills Development Authority (TESDA)

Transmittal Year	TRANSMITTAL OF DOCUMENTS, REPORTS AND ELECTRONIC MAILS (e-mail)
TO:	FROM:
DATE	DETAILS
	Prepared by:
	CRS Staff

Noted by:

CRS Supervisor

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Su	mmary Report on Calls Recei For the month of	TESDA-SOP-PIO-03-F10
Total Number of Calls	Total Number of Valid Calls (Queries on TESDA Programs and Services)	Total Number of Irrelevant Calls (Prank Calls, Dropped Calls, Wrong Number, Connect Calls)
	%	%
Analysis:		
	5	Submitted by:
		CRS Supervisor
Noted by:		
Head of Office	,	

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Summary Report of I	Irrelevant (Calls	Received
For the mon	ith of		-

Type of Irrelevant Calls	Total
Connect Call	
Disconnected/Grounded	
Drop call	
No Answer	
Prank call	
Wrong number	
TOTAL	

Analysis:	
, and years.	
	Submitted by:
	CRS Supervisor
Noted by:	
Head of Office	



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TOTAL NUMBER OF CALLS BY AREA For the month of _____

AREA (Region/Province)	TOTAL
Sub-total	
Sub-total	
Sub-total	
Sub-total	
Sub-total	
Sub-total	
Sub-total	
GRAND TOTAL	



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TOTAL NUMBER OF CALLS BY CATEGORY For the month of _____

CATEGORY (TESDA Programs and Services)	TOTAL
Sub-total	
Sub-total	
Sub-total	
Sub-total	
Sub-total	
Sub-total	
GRAND TOTAL	



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TOTAL NUMBER OF EMAILS BY CATEGORY For the month of _____

Category (TESDA Programs and Services)	Total
Subtotal	
Sobiolai	

C.J.J.J.J.	
Subtotal	
Subtotal	
Subtotal	
Subtotal	
Subtotal	
Subtotal	
Subtotal	
Subioidi	
TOTAL	
TOTAL	



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TOTAL NUMBER OF SMS BY CATEGORY For the month of _____

Category (TESDA Programs and Services)	Total
Subtotal	
Subtotal	
Subtotal	
Subtotal	
	-
Subtotal	
Subtotal	
Jobiolai	
Subtotal	
Subtotal	
Dioidic	
TOTAL	

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Detailed Report on TESDA CRMS Month: _____

Region	Province	# of Referred SMS	# of Responses	# of Referred E-mails	# of Responses	# of Referred Calls	# of Responses	# of Referred YP4SC	# of Responses	# of Referred SMS Complaints	# of Responses	# of Referred CCU Complaints	# of Responses

Prepared by:	Noted by:
CRS Staff	CRS Supervisor