

Control No. _____	Date: _____
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CUSTOMER INQUIRY AND FEEDBACK FORM

Name: _____	Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Office/Residence Address: _____	email address: _____
Contract Number: _____	

I. PURPOSE/S (Dahilan ng pagpunta sa TESDA):

<input type="checkbox"/> Authentication (CAV / COC / NC) <input type="checkbox"/> Maritime (Seafarer Rating) <input type="checkbox"/> Regular (Land Based) <input type="checkbox"/> Others	<input type="checkbox"/> Competency Assessment <input type="checkbox"/> School-based Concerns (SO / UTPRAS) <input type="checkbox"/> Training (CBTP/KASH/TTI) <input type="checkbox"/> Scholarships	<input type="checkbox"/> Submit Documents <input type="checkbox"/> Others: (specify) _____
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<input type="checkbox"/> Certification NC/COC <input type="checkbox"/> Maritime (Seafarer Rating) <input type="checkbox"/> Regular (Land Based)		
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II. ACTION/S TAKEN:

<input type="checkbox"/> Received CAV Request <input type="checkbox"/> Released CAV <input type="checkbox"/> Received NC/COC Request <input type="checkbox"/> Released NC/COC <input type="checkbox"/> Referred to Assessment Center	<input type="checkbox"/> Received SO Application <input type="checkbox"/> Referred to SO <input type="checkbox"/> Referred to Focal <input type="checkbox"/> Received Documents <input type="checkbox"/> Referred to Person Concerned	<input type="checkbox"/> Referred to RO <input type="checkbox"/> Referred to PO <input type="checkbox"/> Referred to TTI <input type="checkbox"/> Referred to TVIs <input type="checkbox"/> Provided Information
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Name and Signature of Responsible Person: _____

III. CUSTOMER SATISFACTION

MAARI PO LAMANG NA PAKISAGOT ANG MGA SUMUSUNOD NA TANONG:

1. Natugunan po ba namin ang inyong sadya sa pagbisita sa TESDA? ☐ Oo ☐ Hindi

2. Gaano po ba kayo nasiyahan sa aming pagtugon sa serbisyong inyong natanggap? Paki lagay ng "check mark" sa mga kahon sa napiling sagot.

<input type="checkbox"/> Lubos na nasiyahan (Very Satisfied) <input type="checkbox"/> Nasiyahan (Satisfied) <input type="checkbox"/> Hindi masabi kung nasiyahan o hindi (Neither Satisfied nor Dissatisfied) <input type="checkbox"/> Hindi Nasiyahan (Dissatisfied) <input type="checkbox"/> Lubos na hindi nasiyahan (Very Dissatisfied)	<input type="checkbox"/> Mabagal na serbisyo <input type="checkbox"/> Hindi kumpletong impormasyon <input type="checkbox"/> Hindi maayos at hindi malinis na tanggapan <input type="checkbox"/> Hindi magalang na staff <input type="checkbox"/> Hindi magalang na gwardiya <input type="checkbox"/> Iba pa: (specify) _____
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3. Sa inyong palagay, anu-ano ang mga kailangang pag-igihan ng TESDA upang higit na makapagbigay ng maayos n serbisyo sa mga kliyente. Paki lagay ng "check mark" sa mga kahon sa napiling sagot.

KOMENTO O REKOMENDASYON:

Name and Signature of the Officer of the Day _____	Signature of the Customer _____
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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/Recommendations

LEGEND:

Prepared by:


Received by:

Name and Signature
Officer of the Day

Name and Signature
CSC Chair/CSF COROPO

CCU CLIENT LOG FORM

[illegible]

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TESDA-SOP-PIO-03-F06

Monitoring Form for Irrelevant Calls


Month _____

[illegible]

TESDA-SOP-PIO-03-F07

[illegible]

Annex 1j

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Technical Education and Skills Development Authority
(TESDA)

Report Year _____	CCU COMPLAINT REPORT FORM	DATE
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NAME OF COMPLAINANT:	COMPLAINT
	RECEIVED BY: _____
	RECEIVED ON: _____


NATURE OF COMPLAINT	DETAILS OF COMPLAINT
ACTION TAKEN	

Prepared by:

CRS Staff

Noted by:

CRS Supervisor

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Technical Education and Skills Development Authority
(TESDA)

Transmittal Year ____	TRANSMITTAL OF DOCUMENTS, REPORTS AND ELECTRONIC MAILS (e-mail)	Date
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TO:	FROM:
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DATE	DETAILS

Prepared by:

CRS Staff

Noted by:

CRS Supervisor

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TESDA-SOP-PIO-03-F10

Summary Report on Calls Received
For the month of _____

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:

Submitted by:

CRS Supervisor

Noted by:

Head of Office

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Summary Report of Irrelevant Calls Received
For the month of _____

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

Analysis:

Submitted by:


CRS Supervisor

Noted by:

Head of Office

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	
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	
Subtotal	
Subtotal	
Subtotal	
Subtotal	
Subtotal	
Subtotal	
Subtotal	
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	
Subtotal	
Subtotal	
TOTAL	

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TESDA-SOP-PIO-03-F16

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