



081020 - 062

Republic of the Philippines
Department of Education
REGION IV-A CALABARZON
CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS

06 JAN 2020

DIVISION MEMORANDUM
No. 185 s. 2020

ONLINE FEEDBACK FORM

To: OIC-Assistant Schools Division Superintendent
Chief Education Supervisors
Heads, Public Elementary and Secondary Schools
Heads, Unit/Section
All Others Concerned

1. In reference to ISO clause 9.1.2 Customer Satisfaction which states that the organization shall monitor customer perception of the degree to which requirements have met and shall obtain information relating to customer views and opinions of the organization and its products and services.
2. Online Feedback Form aims to solicit information provided by customer about whether they are satisfied or dissatisfied with the service. Their opinion is a valuable resource for improving and adjusting actions to the needs. After having transaction with the division office, customers are encouraged to evaluate the performance of the visited office in terms of personnel, service, and environment. The effectivity of this memorandum is January 2020.
3. Every office has a ready online evaluation form using the office laptop and cellphone. The personnel may also pass the link via personal message to the customer. Here is the link:
https://feedback.depedtayabas.com/?fbclid=IwAR2DaAFOf9T8F3KDWqN0_Borlr2RhcjVISJzbGvho0EmNydjlkqcU4CHic8
4. Attached is the customer feedback form. This form is to be used only when there is no electric supply in the offices.
5. Strict compliance of this memorandum is desired.

ANIANO M. OGAYON, CESO V
Schools Division Superintendent



Brgy. PotoI, Tayabas City

(042) 710-0329 or 797-0773



tayabas.city@deped.gov.ph



<https://depedtayabas.com/>



Name: (Optional) _____ Date: _____

Unit Visited:

- | | | |
|---|--|-------------------------------|
| <input type="checkbox"/> OSDS | <input type="checkbox"/> Property and Supply | <input type="checkbox"/> ICT |
| <input type="checkbox"/> Administrative Services Office | <input type="checkbox"/> Records Unit | <input type="checkbox"/> CID |
| <input type="checkbox"/> Cash Unit | <input type="checkbox"/> Accounting Unit | <input type="checkbox"/> LRMS |
| <input type="checkbox"/> Personnel Services Unit | <input type="checkbox"/> Budget Unit | <input type="checkbox"/> SGOD |

Direction: Please put a check mark (/) on the column that corresponds to your answer using the following scale hereunder:

- | | |
|--------------------|----------------------|
| 4 – Very Satisfied | 2 - Fairly Satisfied |
| 3 - Satisfied | 1 – Dissatisfied |

INDICATORS	4	3	2	1
Personnel:				
• Courteousness				
• Competence				
Environment:				
• Conduciveness				
Service:				
• Timeliness				
• Responsiveness				
• Overall quality				
Other Comments/Suggestions:				

This document is a property of CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS. The contents are treated with confidentiality, unauthorized reproduction is strictly prohibited, unless otherwise, permitted by the Division. Ensure to utilize the current version of this documented information.



	CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS	Unique ID Code: DEPED-TAY-QMS-01F05	Page 1 of 1
	Document Type: QUALITY MANAGEMENT SYSTEM	Version No. 01	
	Document Title: CUSTOMER FEEDBACK	Revision No. 00	Effective Date March 04, 2019

Name: (Optional) _____ Date: _____

Unit Visited:

- | | | |
|---|--|-------------------------------|
| <input type="checkbox"/> OSDS | <input type="checkbox"/> Property and Supply | <input type="checkbox"/> ICT |
| <input type="checkbox"/> Administrative Services Office | <input type="checkbox"/> Records Unit | <input type="checkbox"/> CID |
| <input type="checkbox"/> Cash Unit | <input type="checkbox"/> Accounting Unit | <input type="checkbox"/> LRMS |
| <input type="checkbox"/> Personnel Services Unit | <input type="checkbox"/> Budget Unit | <input type="checkbox"/> SGOD |

Direction: Please put a check mark (/) on the column that corresponds to your answer using the following scale hereunder:

- | | |
|--------------------|----------------------|
| 4 – Very Satisfied | 2 - Fairly Satisfied |
| 3 - Satisfied | 1 – Dissatisfied |

INDICATORS	4	3	2	1
Personnel:				
• Courteousness				
• Competence				
Environment:				
• Conduciveness				
Service:				
• Timeliness				
• Responsiveness				
• Overall quality				
Other Comments/Suggestions:				

This document is a property of CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS. The contents are treated with confidentiality, unauthorized reproduction is strictly prohibited, unless otherwise, permitted by the Division. Ensure to utilize the current version of this documented information.



	CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS	Unique ID Code: DEPED-TAY-QMS-01F05	Page 1 of 1
	Document Type: QUALITY MANAGEMENT SYSTEM	Version No. 01	
	Document Title: CUSTOMER FEEDBACK	Revision No. 00	Effective Date March 04, 2019

Name: (Optional) _____ Date: _____

Unit Visited:

- | | | |
|---|--|-------------------------------|
| <input type="checkbox"/> OSDS | <input type="checkbox"/> Property and Supply | <input type="checkbox"/> ICT |
| <input type="checkbox"/> Administrative Services Office | <input type="checkbox"/> Records Unit | <input type="checkbox"/> CID |
| <input type="checkbox"/> Cash Unit | <input type="checkbox"/> Accounting Unit | <input type="checkbox"/> LRMS |
| <input type="checkbox"/> Personnel Services Unit | <input type="checkbox"/> Budget Unit | <input type="checkbox"/> SGOD |

Direction: Please put a check mark (/) on the column that corresponds to your answer using the following scale hereunder:

- | | |
|--------------------|----------------------|
| 4 – Very Satisfied | 2 - Fairly Satisfied |
| 3 - Satisfied | 1 – Dissatisfied |

INDICATORS	4	3	2	1
Personnel:				
• Courteousness				
• Competence				
Environment:				
• Conduciveness				
Service:				
• Timeliness				
• Responsiveness				
• Overall quality				
Other Comments/Suggestions:				

Name: (Optional) _____ Date: _____

Unit Visited:

- | | | |
|---|--|-------------------------------|
| <input type="checkbox"/> OSDS | <input type="checkbox"/> Property and Supply | <input type="checkbox"/> ICT |
| <input type="checkbox"/> Administrative Services Office | <input type="checkbox"/> Records Unit | <input type="checkbox"/> CID |
| <input type="checkbox"/> Cash Unit | <input type="checkbox"/> Accounting Unit | <input type="checkbox"/> LRMS |
| <input type="checkbox"/> Personnel Services Unit | <input type="checkbox"/> Budget Unit | <input type="checkbox"/> SGOD |

Direction: Please put a check mark (/) on the column that corresponds to your answer using the following scale hereunder:

- | | |
|--------------------|----------------------|
| 4 – Very Satisfied | 2 - Fairly Satisfied |
| 3 - Satisfied | 1 – Dissatisfied |

INDICATORS	4	3	2	1
Personnel:				
• Courteousness				
• Competence				
Environment:				
• Conduciveness				
Service:				
• Timeliness				
• Responsiveness				
• Overall quality				
Other Comments/Suggestions:				