






OTSR FEEDBACK FORM

We are committed to deliver quality services to meet your needs and expectations. Through your feedback, we will be able to maintain or further improve our services. We will appreciate if you can spend a moment to answer this form. Thank you.

Check the service/s availed:

- Inquiry on Accreditation/Star Rating System Filing of Complaint
 Request for Star Rating Assessment Others: _____

Service Criteria			
Timeliness			
Did you receive appropriate action/service within acceptable waiting time?			
Personnel			
Is he/she responsive and accommodating?			
Office Facilities (For walk-in clients only)			
Is the workplace clean and organized?			
Are there Senior Citizen-/ PWD-/ Pregnant Women-friendly Facilities?			
What are your other suggestions to help us improve our service?			

All feedback will be kept in strictest confidentiality. Thank You.

Signature over Printed Name

Date