



# C LIENT FEEDBACK FORM

Thank you for visiting Municipality of Solsona and availing of our services. Because we want to serve you better, please answer the questions relevant to your visit:

Name:	
Address:	
Department/Office Visited:	
Service Aailed:	

OUR OFFICE	YES	NO
Is the office easy to locate?		
Is the office clean and orderly?		
Did you feel comfortable?		
Was there a long waiting line of customers?		
Was there an appropriate signage of direction?		
OUR FRONTLINERS		
Is the employee-in-charge available?		
Is the employee-in-charge knowledgeable?		
Is the employee-in-charge accommodating?		
Were you received properly?		
Were your needs attended to promptly?		
Were you made to wait long?		
OUR OFFICERS		
Were the authorized official/s available?		
Did it take him/them long to sign the document?		
Nagpa-importante ba?		
OUR INFORMATION		
Is the document needed available?		
Is the document well-organized?		
Is the data complete?		
Is the data relevant to your request?		
Are instructions clear, brief and concise?		

<b>Other Comments/Suggestions:</b>

Thank you very much.

Name of Attending Employee: \_\_\_\_\_