



CITIZEN/CLIENT SATISFACTION REPORT

I. Description of the Citizen/Client Satisfaction Survey

The Mangaldan Water District's Customer Satisfaction Survey (CSS) Form was revised August 1, 2018 for a more quantitative result in monitoring. Monitoring of the said form is handled by the Document Control Officer, also in alignment of the Mangaldan Water District as an ISO 9001:2015 Certified Local Water District. Any revision of the form will be processed according to a step-by-step procedure.

Every after availment of service (e.g. New Application, Reconnection, Relocation, Request for Disconnection), maintenance men let the consumer answer the CSS form and the same will be given back to the Public Assistance and Complaints Desk (PACD) employee in-charge along with the accomplished job order slip by the Water/Sewerage Maintenance Men.

Also, the Customer Satisfaction Survey (CSS) Form is available at the paying section of the Mangaldan Water District where consumers are welcome to write their ratings, comments, reviews and other suggestions for continual improvement of the system. They can drop the accomplished CSS form on the intended box for the Customer Satisfaction Survey form.

Monitoring of the CSS forms will be done every end of the month. Its results will be forwarded to the Head of the Commercial Division, Mrs. Violeta O. Garcia for information and analysis.

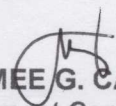
II. Improvement Action Plan for FY 2019

There is still no observation that needs improvement. Hence, no Improvement Action Plan for FY 2019 yet.

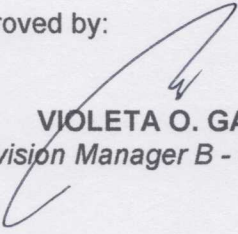
Where applicable, actions taken or best practices resulting from the Customer Satisfaction Survey shall be integrated in the Quality Management System including possible revision of the MAWAD policies and procedures.

Results of customer perception monitoring including actions taken shall be presented in the Management Review done semi-annually after the Internal Quality Audit of the Agency. The next Management Review will take place at the end of November 2018.


Prepared by:


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Approved by:


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Noted by:


ENGR. MARCELO M. PETONIO
General Manager

Customer Feedback Form – Revision: 0, May 2, 2018

MAWAD-QM-QSP09-F1
Revision: 0
Date: May 2, 2018



MANGALDAN WATER DISTRICT
Mangaldan, Pangasinan

CUSTOMER FEEDBACK FORM

Your feedback on our service will help us objectively improve our service delivery system as well as the overall performance of our employees. Please mark the emoticon that corresponds to your response on each of the following areas relevant to the services you availed to us. Also, give your comments on the space provided. Upon accomplishment, please submit the same to MAWAD.

Name: _____

Address: _____

A. OUR OFFICE

	YES	A BIT	NO
1. Light	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Cleanliness			
a. Reception Area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Toilet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. OUR PERSONNEL

1. Courtesy and Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Willingness to Serve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Attentiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Well Groomed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. OUR SERVICE

1. Promptness of Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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D. Overall Impression:

OTHER COMMENTS/OBSERVATIONS/SUGGESTIONS

THANK YOU VERY MUCH.

Customer Satisfaction Survey – Revised August 1, 2018



MANGALDAN WATER DISTRICT

CUSTOMER SATISFACTION SURVEY (CSS)

In line with our commitment to understand your requirements and seek to satisfy your needs consistently, we would like to know the level of your satisfaction on the products and services we have provided. Your response will be a vital input in the review and continual improvement of our services and of our Management Systems.

We sincerely appreciate your cooperation. Thank You!

Name of Respondent (optional): _____ Date: _____

Position (optional): _____ Tel # _____

Please indicate your satisfaction by placing a check (✓) on the listed criteria below using the following rating scheme:

- 5 – Excellent (Meets customer satisfaction with excellent service)
- 4 – Good (Meets customer satisfaction)
- 3 – Average (Competitive/Acceptable)
- 2 – Below average (Improvement required)
- 1 – Poor (Needs immediate attention)

PERFORMANCE CRITERIA		SATISFACTION LEVEL				
		5	4	3	2	1
1.	Quality of Services Received (40%)					
	a. Services rendered are well accomplished?					
	b. Are services reliable? (i.e. availability of services, accuracy of results, etc.)					
2.	Technical Competency (30%)					
	a. MAWAD employees and staff demonstrated mastery, expertise, and overall competence on services provided?					
	b. Technical questions and concerns answered satisfactorily?					
	c. Necessary technology					
3.	Customer Relations (15%)					
	a. MAWAD employees and staff courteous and helpful?					
	b. MAWAD employees and staff listen and communicate well?					
4.	Timeliness of Service (15%)					
	a. Requests, complaints and feedback are handled and responded to promptly?					
	b. Services and technology delivered timely?					

Please indicate below your other concerns or suggestions on how we can further improve our services.

Kindly return the accomplished form to any representative of MAWAD. Once again, thank you for taking time to answer this survey!