


CLIENT/EXTERNAL STAKEHOLDER SATISFACTION SURVEY

Date: _____

Help us improve our services. We will appreciate if you can spare us a moment to answer this survey. All personal information provided will be treated with confidentiality and will not be publicly disclosed.

1. Name*:		2. Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	
3. Organization/Office*:		4. <input type="checkbox"/> Client <input type="checkbox"/> External Stakeholder	
5. Address*:			
6. Contact No.:		7. Email Address*:	
8. NWRB Office where survey is being conducted: <input type="checkbox"/> Main Office (Quezon City) <input type="checkbox"/> Cebu Regional Extension Office <input type="checkbox"/> Davao Regional Extension Office			
9. How did you learn about NWRB?			
<input type="checkbox"/> Trimedia (TV, Radio, Newspaper) <input type="checkbox"/> Workshop/Seminar <input type="checkbox"/> Referrals <input type="checkbox"/> School		<input type="checkbox"/> Social Media/Online Advertisement <input type="checkbox"/> NWRB Website <input type="checkbox"/> IEC Campaigns <input type="checkbox"/> Others (please specify) _____	
10. What specific frontline service/product did you receive?			
<input type="checkbox"/> Application for Water Permit & Conditional Water Permit (CWP) <input type="checkbox"/> Application for Certificate of Public Convenience (CPC) and Provisional Authority <input type="checkbox"/> Resolution of Petitions <i>(Change of Name/Discharge Granted/Purpose/Transfer of Water Permit)</i> <input type="checkbox"/> Request for Certificate of Water Availability <input type="checkbox"/> Request for PEZA Certification <input type="checkbox"/> Request for Water Table Depth Certification for Memorial Park/Cemetery <input type="checkbox"/> Others (please specify): _____		<input type="checkbox"/> Calibration of Water Meters <input type="checkbox"/> Permit to Drill for Observation/Monitoring Wells <input type="checkbox"/> NWRB Endorsement Relative to SEC Registration <input type="checkbox"/> Resolution of Cases <input type="checkbox"/> Registration of Well Driller <input type="checkbox"/> Registration for Domestic Use <input type="checkbox"/> Issuance of Statement of Account (SOA)	

LEVEL OF SATISFACTION OF SERVICE/PRODUCTS RECEIVED* <i>(Please check your answer)</i>	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
	1	2	3	4	5
Responsiveness <i>(Willingness to help, assist, and provide prompt service to clients)</i>					
Reliability (Quality) <i>(The provision of what is needed and what was promised)</i>					
Access and Facilities <i>(The convenience of location, use of clear signages and modes of technology)</i>					
Communication <i>(Well-informed and listening to feedbacks)</i>					
Costs <i>(Preferred methods of payment and reasonable payment period)</i>					
Integrity <i>(Honesty, justice, fairness and trust)</i>					
Assurance <i>(Performance of duties, product and service knowledge and helpfulness)</i>					
Outcome <i>(The extent of achieving outcome)</i>					
Comments/Suggestions:					

*For COMPLAINTS, if any, pls. send to nwrphil@gmail.com

Thank you very much!

Signature over printed name