



MEMBER CARE FEEDBACK FORM

INSTRUCTIONS

1. Print all answers in BLOCK/CAPITAL LETTERS.
2. On the "CONTACT DETAILS" portion, indicate at least one (1) contact number.
3. Supply complete personal information to make ratings valid.
4. Mark your rating by putting a "✓" mark in the box.
5. Submit accomplished Feedback Form to the Officer-of-the-Day/Office of the Manager.

PERSONAL INFORMATION					
Name	:	_____	Branch/Office	:	_____
Company Name	:	_____			
Contact Details	:	_____			
Transaction Type	:	<input type="checkbox"/> Membership Registration	<input type="checkbox"/> Acquired Assets		
		<input type="checkbox"/> Multi-Purpose Loan	<input type="checkbox"/> Provident Benefit Claims		
		<input type="checkbox"/> Calamity Loan	<input type="checkbox"/> Others, please specify _____		
		<input type="checkbox"/> Housing Loan			
Date of Transaction	:	_____	Time of Transaction	:	_____
Ratings	Equivalent				Service Criteria
4	Excellent				a. Responsiveness and Timeliness - (prompt reply to requests within acceptable timeline) b. Facility - (available facility for PWD, Senior Citizen, Pregnant Women that are safe, clean and organized) c. Quality - (complete, accurate, and relevant service) d. Personnel - (credible, knowledgeable, courteous, friendly, responsive, and accommodating service providers)
3	Good				
2	Fair				
1	Poor				
Excellent - expectations are met satisfactorily. Good - expectations are met with minimal errors. Fair - expectations are met but with acceptable/ tolerable errors. Poor - all expectations are totally unmet.					
Service Criteria	Rating				Comments/Suggestions
	4	3	2	1	
Responsiveness and Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
THANK YOU.					