**MINISTRY OF FOREIGN AFFAIRS, REGIONAL INTEGRATION AND INTERNATONAL TRADE**

**PROTOCOL DIRECTORATE CUSTOMER SATISFACTION FEEDBACK FORM**

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**Objective: Comments provided in this Form will assist us in improving the quality of our service.**

|  |  |
| --- | --- |
| Name (*optional*) |  |
| Department (*if applicable*) |  |
| Contact Information (*optional*) | *Telephone* |  |
| *Email Address* |  |
| Date & Purpose of your visit | *Date* |  |
| *Purpose* |  |

***Kindly rate each of the section as per your appreciation***

|  |  |  |
| --- | --- | --- |
| **Service Performance Factor** | **Features** | **Evaluation By Customer****(Please Tick)** |
| **Excellent** | **Good** | **Satisfactory** | **Non Satisfactory** |
| Service Quality | *Service requested at the Ministry suit your requirements* |  |  |  |  |
| *Service is accurate as compared to your expectations* |  |  |  |  |
| Service Delivery | *Time frame - Waiting, processing and delivery time* |  |  |  |  |
| *Customer Care* |  |  |  |  |

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| **In what ways could our services be improved to better suit your needs?**  |
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| **Your Valued Comments and Suggestions**  |
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**‘Thank you for your feedback’**