



# Angeles University Foundation

OFFICE OF THE VICE PRESIDENT FOR RESEARCH AND INNOVATION

## CUSTOMER FEEDBACK FORM

<b>I. CUSTOMER INFORMATION</b>					
Date _____	<input type="checkbox"/> Within AUF	<input type="checkbox"/> Undergraduate			
Name _____ <i>(optional)</i>	<input type="checkbox"/> Outside AUF	<input type="checkbox"/> MS/MA/Ph.D.			
		<input type="checkbox"/> Others: _____			
Company / Institution _____ <i>(optional)</i>	Position _____ <i>(optional)</i>				
Contact Number _____ <i>(optional)</i>	Email address _____ <i>(optional)</i>				
<b>II.A TYPE OF SERVICES AVAILED</b> <i>(Please check)</i>					
<input type="checkbox"/> Consultancy <input type="checkbox"/> Laboratory <input type="checkbox"/> Stat Analysis <input type="checkbox"/> ERC/IACUC Review <input type="checkbox"/> Others: _____					
<b>II.B TYPE OF SERVICES AVAILED BASED ON LOCATION</b> <i>(Please check)</i>					
<input type="checkbox"/> On-site <input type="checkbox"/> Online <input type="checkbox"/> Both on-site and online					
<b>III. ASSESSMENT OF SERVICES AVAILED</b>					
<i>(Please encircle the number corresponding to your rating on the items below)</i>					
Accessibility of needed consultant/personnel	Not Accessible				Very Accessible
	1	2	3	4	5
Length of time in delivering needed services	Very Long				Very Short
	1	2	3	4	5
Amount of fees paid vis-à-vis services provided	Very Expensive				Very Cheap
	1	2	3	4	5
Responsiveness of office staff to client needs	Not Responsive				Very Responsive
	1	2	3	4	5
Courtesy of office staff	Not Courteous				Very Courteous
	1	2	3	4	5
Quality of service availed	Poor				Excellent
	1	2	3	4	5
<b>IV. COMMENTS / SUGGESTIONS, IF ANY...</b>					

*Note: The purpose of this form is to get feedback from you, the Customer, in order to improve further the quality of our services. Thank you for sharing your time.*