



MUNTINLUPA CITY TECHNICAL INSTITUTE

CUSTOMER SERVICE FEEDBACK FORM

Thank you for availing services. Your satisfaction is our concern.

Please tell us about our services:

DATE: _____ **TIME:** _____

1. Were you satisfied with the service we provided you?

YES: **NO:** **SOMEWHAT:**

COMMENTS: _____

2. Did our employee/ trainee attend to you in an accessible manner?

YES: **NO:** **SOMEWHAT:**

COMMENTS: _____

3. Did you experience any problems with our employee/ trainee?

YES: **NO:** **SOMEWHAT:**

COMMENTS: _____

Contact Information:

NAME: _____

MOBILE NUMBER: _____

THANK YOU,
MCTI DIRECTOR