



Republic of the Philippines  
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS  
**OFFICE OF THE SECRETARY**  
Manila

897.13 DPWH  
DP-23-2014

MAY 21 2014

DEPARTMENT ORDER )

SUBJECT : DPWH Customers' Feedback Form

No. **53** )  
Series of 2014 (Pr. 23.14)

In line with the Department's implementation of its Quality Management System (QMS) towards ISO 9001: 2008 Certification, Clause 6.2 of the DPWH QMS Manual states, *"The DPWH Management Committee ensures that customers' needs are determined and are met with the aim of enhancing customer satisfaction. This is accomplished through regular, open and effective communication with customers, through effective management of project issues such as schedule and cost control, public consultation to identify/clarify customers' needs, participatory budget planning and DPWH's performance in meeting contractual, legal and regulatory requirements."*

Pursuant to this and to pertinent provision under Clause 7.2.3.c of the Government Quality Management Systems Standards (GQMSS); Sec. 8 of Republic Act No. 9485 or the Anti-Red Tape Act of 2007; and Sec. 5 of Republic Act No. 6713, otherwise known as the Code of Conduct and Ethical Standards for Public Officials and Employees; there is a need to establish effective feedback mechanisms that should strengthen citizen participation in good governance.

As one of the tools in communicating and gathering feedback from the Department's customers, it is hereby directed that all DPWH offices nationwide shall use the attached **Customer Feedback Form** to measure customers' satisfaction rating on services delivered particularly in addressing various concerns, inquiries, requests, or complaints of external and internal stakeholders of the Department.

It is also directed that a **"Front Desk Officer"** shall be assigned at the front desk lobby of Regional/District Engineering Offices during office hours to attend to the customers on official visit to these offices.

In addition, all offices, on a quarterly basis, shall provide summary report (see attached format) of transaction feedbacks in their respective offices to the Stakeholders Affairs Division – Stakeholders Relations Service. The result of the survey will be reflected in the overall DPWH Performance Report under the Balanced Scorecard framework of Performance Governance System.

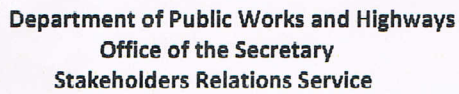
For compliance.

  
**ROGELIO L. SINGSON**  
Secretary

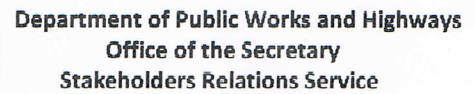
Department of Public Works and Highways  
Office of the Secretary



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CUSTOMERS' SATISFACTION SURVEY					
How would you rate our service in terms of:	Please check appropriate box				
	NI	F	G	VG	E
1. Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Efficiency of our systems/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Competency of our staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Work (office) environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Legend:</b> NI – Needs Improvement    F – Fair    G – Good VG – Very Good    E- Excellent					
<b>Comments/Suggestions:</b>					
Date of visit:		Time In:			
		Time Out:			
Name of Customer					
Contact Address					
Tel. /Mobile Number					
E-mail Address					
Person/Office to be visited					
Signature of Person Visited					
Purpose		<input type="radio"/> Official Business <input type="radio"/> Personal			



CUSTOMERS' SATISFACTION SURVEY					
How would you rate our service in terms of:	Please check appropriate box				
	NI	F	G	VG	E
1. Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Efficiency of our systems/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Competency of our staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Work (office) environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Legend:</b> NI – Needs Improvement    F – Fair    G – Good VG – Very Good    E- Excellent					
<b>Comments/Suggestions:</b>					
Date of visit:	Time In:				
	Time Out:				
Name of Customer					
Contact Address					
Tel. /Mobile Number					
E-mail Address					
Person/Office to be visited					
Signature of Person Visited					
Purpose	<input type="radio"/> Official Business <input type="radio"/> Personal				

Office: \_\_\_\_\_

CUSTOMERS SATISFACTION FEEDBACK SUMMARY REPORT						
_____ Quarter, Year _____						
CRITERIA	Excellent	Very Good	Good	Fair	Needs Improvement	TOTAL
Quality						
Promptness						
Efficiency of systems and procedures						
Competency of our Staff						
Quality of work						
Office environment						

Submitted by: \_\_\_\_\_

Approved by: \_\_\_\_\_

\_\_\_\_\_ Action Officer

\_\_\_\_\_ Head of Office