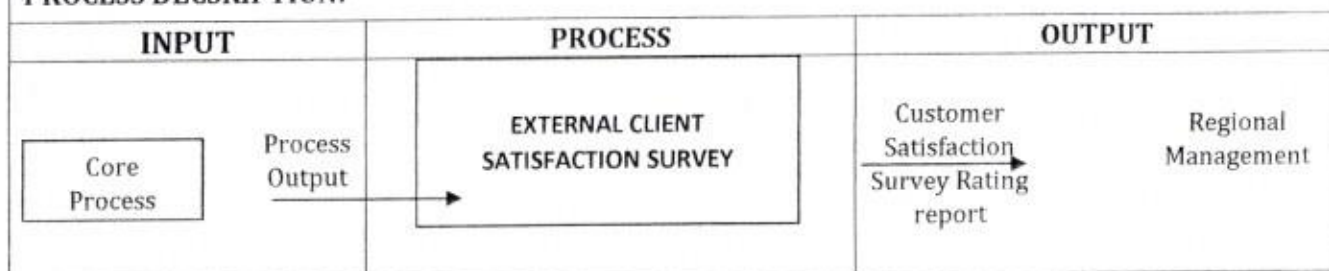




SYSTEM PROCEDURE

PROCEDURE TITLE	EXTERNAL CLIENT SATISFACTION SURVEY
SCOPE	This procedure covers the activities from the conduct of client satisfaction survey up to the issuance of analysis and summary of client satisfaction report to management.
PURPOSE	To define the process for conducting client satisfaction surveys (CSS) and analyzing results to confirm that client satisfaction objective is achieved.

PROCESS DESCRIPTION:



DESCRIPTIVE STATEMENT:

The concerned Process Owner determine the method for the conduct of customer satisfaction using the Client Satisfaction Survey Matrix. Once identified, the concerned Process Owner prepare the survey tool, conduct the survey, collect and summarize the filled up survey tool, and submit to the QMS Secretariat. QMS Secretariat analyze the report and issue Corrective Action Report, as appropriate.

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
1	Concerned Process Owner	Determine the method for the conduct of customer satisfaction	<ul style="list-style-type: none"> Determine the method for the conduct of customer satisfaction including the type of client, mode of survey and the relevant survey tool using the Client Satisfaction Survey Matrix. Determine the sample size and frequency. 	<ul style="list-style-type: none"> Client Satisfaction Survey Matrix
2	Concerned Process Owner	Prepare the survey tool	<ul style="list-style-type: none"> Prepare the survey tool relevant to the type of service provided or adopt the general Client Satisfaction Survey (CSS) Form 	<ul style="list-style-type: none"> Survey tool/ CSS form
3	Concerned Process Owner	Conduct the CS survey	<ul style="list-style-type: none"> Issue/send the survey tool/CSS form to the identified respondent who received DILG-CO's services. For walk-in clients, request the respondent to accomplish and drop the filled-up survey tool/CSS form into the locked drop box provided. 	<ul style="list-style-type: none"> Survey tool/ CSS form

CONTROLLED COPY



SYSTEM PROCEDURE

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
4	Concerned Process Owner	Collect and summarize the filled-up survey tool/CSS forms	<ul style="list-style-type: none"> Retrieve the filled-up survey tools/CSS Forms from the locked drop box (for walk-in clients), if any and the returned electronic survey tool/CSS form. Record the ratings in the Process Summary Logsheet (PSL), if any, or CSS Summary duly approved by the concerned Division Chief or OIC. Summarize the results in the Process Quality Monitoring and Evaluation (QME) duly approved by the concerned Division Chief/Head of Office. Submit the PSL and QME Report to the QMS Secretariat on or before the 5th working day of the ensuing month of the current period in accordance with the Performance Monitoring and Evaluation Procedure. 	<ul style="list-style-type: none"> Accomplished Survey tool/CSS form Process Summary Log Sheet/CSS Summary Log Sheet Process QME Performance Monitoring and Evaluation Procedure
5	QMS Secretariat	Analyze the CSS results	<ul style="list-style-type: none"> Analyze the received CSS results and confirm the indicated client satisfaction rating. Prepare Corrective Action Report (CAR) for unmet customer satisfaction target and recorded complaint in the CSS form, if any, in accordance with Nonconformity and Corrective Action Procedure. Determine the overall client satisfaction rating for DILG-CO and indicate in the QMS-QME report. Submit QMS-QME report, QMS-PSL to the Deputy QMR. 	<ul style="list-style-type: none"> Process Summary Log Sheet/CSS Summary Process QME CAR Nonconformity and Corrective Action Process Performance Monitoring and Measurement QMS-PSL

CONTROLLED COPY

**SYSTEM
PROCEDURE**

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
6	QMS Secretariat; Concerned Process Owners	Retain Records	<ul style="list-style-type: none">Retain records in accordance with Control of Retained Documented Information Procedure and Master List of Records.	<ul style="list-style-type: none">QMS-QMEControl of Retained Documented Information ProcedureMaster List of Records

Definition of term:

- Client – refers to the customer who receives the resulting product/service of a process.

Prepared By	Reviewed By	Approved By
(sgd.) IVE B. SALUDEZ	(sgd.) ATTY. ODILON L. PASARABA, CESO V	(sgd.) JONATHAN PAUL M. LEUSEN, JR., CESO IV
QMS Secretariat Head	Regional Quality Management Representative	Regional Director

CONTROLLED COPY



CUSTOMER SATISFACTION SURVEY MATRIX

Document Code		
FM-SP-R02-06-01		
Rev. No.	Eff. Date	Page
01	10.01.17	1 of 1

Quality Objective: At least 90% average Satisfactory (3) and above (4, 5) rating from received Customer Satisfaction Survey Forms/Survey Tools

Schedule of submission: Every 5th working day of the ensuing month of the monitoring period

OFFICE	NAME OF PROCESS (indicate the name of the process as it appears in the documented quality procedures)	CUSTOMERS (specify the customers of the process, e.g. regional, offices, field offices, LGUs/Officials/ employees, and/or the general public)	MODE OF SURVEY (specify whether in person or electronic)	SURVEY TOOL (indicate whether CSS form or specify the name of other survey tool used)	FREQUENCY (the frequency should be the same with the monitoring period indicated in your process quality objective (QO) form)	SAMPLE SIZE (indicate percentage from the total customers for the period to be given survey tool)	TARGET RESPONSE RATE (ensure that the results can reliably represent the "voice" of the customers)	RESPONSIBLE PERSON (indicate the name of the personnel responsible for monitoring the customer satisfaction objective and submitting reports)

Prepared By	Reviewed By	Approved By
(sgd.) IVE B. SALUDEZ	(sgd.) ATTY. ODILON L. PASARABA, CESO V	(sgd.) JONATHAN PAUL M. LEUSEN, JR., CESO IV
QMS Secretariat Head	Regional Quality Management Representative	Regional Director

CONTROLLED COPY



DILG REGIONAL OFFICE 02

Address: Regional Government Center, Carig Sur,
Tuguegarao City, Cagayan

Document Code

FM-SP-R02-06-02

Rev. No.

Ed. Date

Page

00

10.01.17

1 of 1

Customer Satisfaction Survey Form

Name: (Optional) _____ Date: _____

Service/Assistance Requested/Received: _____

Office Concerned: _____

Dear Client,

We at the DILG-Regional Office 02 endeavors to consistently provide effective services to meet our client's needs. In this regard, may we request you to help us improve our services by allowing us to hear your voice.

Kindly fill-up this survey form and reflect your impressions about our services. Encircle the rating that corresponds to your satisfaction level.

Rating Scale

5
4
3
2
1

Description of Level of Satisfaction

Very High
High
Moderate
Low
Very Low

A. Service Parameter

Client Satisfaction

Remarks

1. Service Quality

5 4 3 2 1

2. Service Timeliness

5 4 3 2 1

3. Staff Responsiveness

5 4 3 2 1

B. Overall Impression

5 4 3 2 1

C. Suggestion for Improvement:

Prepared By	Reviewed By	Approved By
(sgd.) IVE B. SALUDEZ	(sgd.) ATTY. ODILON L. PASARABA, CESO V	(sgd.) JONATHAN PAUL M. LEUSEN, JR., CESO IV
QMS Secretariat Head	(Regional) Quality Management Representative	Regional Director

CONTROLLED COPY



DILG REGIONAL OFFICE 02

CSS Summary Log Sheet

Document Code

FM-SP-R02-06-03

Rev No.	Eff. Date	Page
00	10.01.17	1 of 1

Office: _____

Procedure: _____

No.	Date Survey Form Issued	Survey Mode (in person, electronic)	Name of the Activity	Date CSS Form Received	Unsatisfactory and Below (2, 1)	Satisfactory or Above rating (3, 4, 5)	Remarks, if any
Total							
%							

Prepared By

{ Name Here }

Date:

{ Position Title Here }

Noted By

{ Name Here }

Date:

{ Division Chief }

Prepared

(sgd.)

IVE B. SALUDEZ

QMS Secretariat

Reviewed By

(sgd.)

ATTY. ODILON L. PASARABA, CESO IV

Regional Quality Management Representative

Approved By

(sgd.)

JONATHAN PAUL W. LEUSEN, JR., CESO IV

Regional Director

CONTROLLED COPY



Document Code		
FM-SP-R02-06-04		
Rev. No.	Eff. Date	Page
00	10.01.17	1 of 1

TA TITLE:

DATE CONDUCTED:

TOTAL NO. OF PARTICIPANTS:

VENUE:

ADMINISTERING PERSONNEL:

No.	Rating				
	Criteria 1	Criteria 2	Criteria 3	Criteria Nth	Total/ Average Rating
TOTAL					
RESULT (%)					

Prepared By
{ Name Here }
Date:
{ Position Title Here }

Noted By
{ Name Here }
Date:
{ Division Chief }

Prepared

(sgd.)

IVE B. SALUDEZ

QMS Secretariat

Reviewed By _____
 _____ (sgd.)
 ATTY. ODILON L. PASARABA, CESO IV

 Regional Quality Management Representative

Approved By _____
(sgd.)
JONATHAN PAUL M. LEUSEN, JR., CESO IV

Regional Director

CONTROLLED COPY