



CUSTOMER SERVICE FEEDBACK SURVEY (CSFS) FORM

Name of Customer:		To be filled out by PPI:	
Address:		Form Control No.:	
Customer Representative:		Buyer Class:	
Gender:	Title/Position:		PPI Representative/s: 1. 2.
Tel. No.:	Fax No.:	Email Add:	

Greetings!

PITC Pharma, Inc. (PPI) is pleased to have been of service to you. We'd like to know how well we have met your requirements for the year 2015. Your feedback in this survey is important to us. Rest assured that your responses will be treated with utmost confidentiality.

Part I

1.1 How long have you been a customer of PPI? Please check.

- Less than 1 year
- 1 to 2 years
- 3 to 4 years
- 5 to 6 years
- 7 to 8 years
- 9 to 10 years
- More than 10 years

1.2 How often do you purchase or avail of PPI services? Please check.

- Monthly
- Quarterly
- Semi-annually
- Annually
- As the need arises
- Others, please specify ____

1.3 Is PPI the only source/supplier of your medicine/vaccine requirements? Please check.

- Yes
- No

If not, enumerate your other sources/supplier of medicines.

- a. _____
- b. _____
- c. _____



1.4 How often did you purchase this year? Please check.

- Once
- 2X
- 3X
- 4X
- Others, please specify _____

Part II

Indicate your response as truthful as possible by checking the appropriate rating scales of 1 to 5, 5 being the highest and 1 the lowest, based on your experience. Please do not leave any item blank.

Legend: 1 – Poor (*P*); 2 – Unsatisfactory (*US*); 3 – Satisfactory (*S*); 4 -Very Satisfactory (*VS*); and 5 – Excellent (*E*).

2.1	Please rate your level of satisfaction of PPI services in the following areas:	1 (P)	2 (US)	3 (S)	4 (VS)	5 (E)
2.1.1	Timeliness: (Rate of delivery of services done within agreed time frames)					
2.1.2	Ease of Access: (Rate of understanding of services provided and how to access the service (Service delivery channels and channel preferences)					
2.1.3	Quality: (Rate the quality of service (delivered to expectations)					
2.1.4	Outcome: (Rate the outcomes achieved or meeting certain requirements)					
2.2	Please rate the PPI Representative/s in terms of:					
2.2.1	Knowledge: (Rate the staff’s knowledge to perform the required and expected services)					
2.2.2	Understanding client needs: (Rate the staff’s understanding of the needs and requirements of the customers)					
2.2.3	Helpfulness: (Rate the staff’s assistance to concerns, issues or request of the customers)					
2.2.4	Easy to work with: (Rate the staff’s interpersonal relations and ability to relate and adapt to fellow workers)					
2.2.5	What is your OVERALL satisfaction rating of PPI delivery of services?					
3.1	Part III Will you engage the services provided by PPI again? Yes or No. Please tell us, why?					



3.2	Will you recommend the PPI services to a friend/colleague from GOCCs, other government agencies (national and local) and non-government organizations/private sector? Yes or No. Please tell us, why?
3.3	Do you have additional comments/suggestions on how the PPI can improve its services? Please discuss.

Thank you very much for your cooperation!!!

Date Accomplished: _____