



NZEMA EAST MUNICIPAL ASSEMBLY

CLIENT SERVICE UNIT (CSU)

CUSTOMER SATISFACTION FORM



Date:..... Time.....

| | | | | |
|-------------------------------------|----------|--------------------------|---|--|
| Name of Client / Institution | | | Contact Details (Address/Tel.no/Location /e-mail/Community) | |
| Age Bracket: | Below 18 | <input type="checkbox"/> | Gender | Male <input type="checkbox"/> |
| | 18-40 | <input type="checkbox"/> | | Female <input type="checkbox"/> |
| | 41-60 | <input type="checkbox"/> | Disability | No <input type="checkbox"/> |
| | Above 60 | <input type="checkbox"/> | | Yes <input type="checkbox"/> If yes, specify..... |

| Check (√) as Appropriate | | | | | |
|---|-----------------------|--------------|-----------------|--------------------------|----------------|
| Statements | Strongly Agree | Agree | Disagree | Strongly Disagree | Remarks |
| Staff were courteous and helpful | | | | | |
| Staff provided complete and accurate information | | | | | |
| A timely response was provided | | | | | |
| Regularly updated on the status of request /complaint/enquiries <i>(if applicable)</i> | | | | | |
| Issues were adequately explained | | | | | |
| A satisfaction verbal / written communication was given | | | | | |
| My overall experience was positive | | | | | |
| Any other Comment /Observation: | | | | | |