

INDIAN COMPUTER EDUCATION SOCIETY

IC/QSD/F05

Doc. Title**Member Feedback Questionnaire****Date:****Name of the institute and Member:**

(Please select the suitable option by putting a tick \checkmark mark)

- | | | | |
|--|-----------------|---------------------|---------|
| 1. The services were of required quality | a) Satisfactory | b) need improvement | c) poor |
| 2. Delivery was made on time | a) Satisfactory | b) need improvement | c) poor |
| 3. Staff service and response | a) Satisfactory | b) need improvement | c) poor |
| 4. Service performance | a) Satisfactory | b) need improvement | c) poor |
| 5. Response to complaints/problems | a) Satisfactory | b) need improvement | c) poor |
| 6. Service Charge | a) Satisfactory | b) need improvement | c) poor |
| 7. Reliability of Service | a) Satisfactory | b) need improvement | c) poor |

Results: 60% or more – satisfied
40% - average
below 40% - dissatisfied

Action Plan:

Prepared by:**Reviewed By:****Approved By:**

Office Assistant

M.R.

President