Ministry of Economic Growth and Infrastructure Development

This feedback is a: **Suggestion** ☐ **Compliment** ☐

Your Title

(Mr, Mrs, etc.) Family name (surname) Given names

Home number Business number Mobile number

Email address (if applicable)

1.Details of Employee receiving the Feedback/compliment

Name of Employee

Division/Branch/Unit

Location & Floor

Instructions: Kindly update your feedback on the following factors using the rating scale option.

	Excellent	Good	Average	Poor
				
Professionalism of Staff	☐	☐	☐	☐
State of Facility	☐	☐	☐	☐
Service Delivery Time	☐	☐	☐	☐
Overall Customer Experience	☐	☐	☐	☐

4. Office use only Form received by Date received in person ☐ In writing ☐

Action taken or required

Date action completed Signature