



METROPOLITAN WATERWORKS AND SEWERAGE SYSTEM - CORPORATE OFFICE

CLIENT REQUEST AND FEEDBACK FORM (CRaFF)

Author: PPPRD	Reference No.: MWSS-PRD-F-02	Revision No.: 02	Effectivity Date: JUN 15 2022	Page: Page 1 of 1
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Control No.	Date and Time of Request
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I. CLIENT DETAILS

Client's information and satisfaction analysis are required by the ISO 9001:2015 Quality Management System Standard. The client's satisfaction analysis is also required under RA 11032 or the Anti-Red Tape Act.

Name				Sector	
Office				<input type="checkbox"/> Concessionaires (MWC/MWSI/LCWDC)	<input type="checkbox"/> Internal Client
Sex	<input type="checkbox"/> Male			<input type="checkbox"/> National Government	<input type="checkbox"/> N.G.O.
		<input type="checkbox"/> Female		<input type="checkbox"/> Local Government	<input type="checkbox"/> Academia
Email				<input type="checkbox"/> GOCC	<input type="checkbox"/> Legislative
Phone	Cellphone:			<input type="checkbox"/> Private (Company)	<input type="checkbox"/> Judiciary
	Landline:			<input type="checkbox"/> Private (Individual)	<input type="checkbox"/> Others (specify)
Address					
Nature of Request				Purpose of the Request	

II. PROCESSING DETAILS

Type of Transaction: <input type="checkbox"/> Simple <input type="checkbox"/> Complex <input type="checkbox"/> Highly Technical	Processed by: Print Name/ Signature / Department	
Recommendation: <input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date/Time:
If disapproved, reason for disapproval:		

III. CLIENT ACCEPTANCE

Accepted Not Accepted Conditionally Accepted, Reason:

The undersigned acknowledges the receipt of the said documents/services.

Client's Name/Signature: _____ Date/Time: _____

IV. FEEDBACK/SUGGESTION DETAILS

Please encircle your overall rating:

5 Excellent (E) Surpasses expectations	2 Dissatisfied (D) Falls short of expectations
4 Very Satisfied (VS) Above average	1 Very Dissatisfied (VD) Poor service
3 Satisfied (S) Acceptable	

Comment/s for E, VS and S answers.	Comment/s for D and VD answers.
Processor's Name/Signature/Department: _____	Date/Time: _____
Client's Name/Signature: _____	Date/Time: _____

PROCEDURES:

RECEIVING OF REQUEST <ol style="list-style-type: none"> Accept a duly filled-out form. The Document Control Center (DCC) shall provide a CRaFF Control No. for external clients. The DU shall provide a CRaFF Control No. for employees. 	PROCESSING OF REQUEST <ol style="list-style-type: none"> The DCC or DU shall indicate the type of transaction and what recommendation has been pursued. The DCC or DU shall notify the Client once the request accomplished/completed.
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CLIENT ACCEPTANCE AND FEEDBACK

- The client shall indicate whether he or she fully accepts, conditionally partially accepts, or does not accept the output(s) of the request. In case the client does not accept the output/s, the reason for non-acceptance should be indicated.
- The client shall rate the overall experience in terms of availability and accessibility of data/service, timeliness of provision and quality of service, whether (5) E, (4) VS, (3) S, (2) D, or (1) VD.

