



METROPOLITAN WATERWORKS AND SEWERAGE SYSTEM - CORPORATE OFFICE



CLIENT REQUEST AND FEEDBACK FORM (CRaFF)

Author: PPPRD	Reference No. MWSS-PRD-F-02	Revision No. 01	Effectivity Date: JAN 19 2022 <i>d/h</i>	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			
Office	<input type="checkbox"/> Concessionaires (MWC/MWSI/LCWDC) <input type="checkbox"/> Internal Client <input type="checkbox"/> National Government <input type="checkbox"/> N.G.O. <input type="checkbox"/> Local Government <input type="checkbox"/> Academia <input type="checkbox"/> GOCC <input type="checkbox"/> Legislative <input type="checkbox"/> Private (Company) <input type="checkbox"/> Judiciary <input type="checkbox"/> Private (Individual) <input type="checkbox"/> Others (specify) _____		
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Email			
Phone	Cellphone:	Landline:	
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 If disapproved, reason for disapproval:	<input type="checkbox"/> Disapproved Date/Time:

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 4 Very Satisfied (VS) Above average 3 Satisfied (S) Acceptable	2 Dissatisfied (D) Falls short of expectations 1 Very Dissatisfied (VD) Poor service
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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 1. Accept a duly filled-out form. 2. The Document Control Center (DCC) shall provide a CRaFF Control No. for external clients. 3. The DU shall provide a CRaFF Control No. for employees.	PROCESSING OF REQUEST 1. The DCC or DU shall indicate the type of transaction and what recommendation has been pursued. 2. The DCC or DU shall notify the Client once the request accomplished/completed.
CLIENT ACCEPTANCE AND FEEDBACK	
1. 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.	
2. 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.	

In compliance with the Data Privacy Act (DPA) of 2012, and its implementing Rules and Regulations (IRR), I allow the Metropolitan Waterworks and Sewerage System (MWSS) to collect and process Personal Information disclosed by me for the stated purpose.