



MACHAKOS UNIVERSITY

ACCESS TO INFORMATION & CUSTOMER FEEDBACK FORM

SECTION A: CUSTOMER INFORMATION: *(To be filled by the Customer)*

Surname Name:..... Other Name:

Name of Company or Organization *(if applicable/Optional)*:

Postal Address: Postal Code: County:

Mobile Number:..... Email Address:

Service(s) required/information sought.....

.....onday of.....20.....

SECTION B: SERVICE INFORMATION: *(To be filled by the Serving Officer)*

Request Accepted/Declined:Time taken to process the request *(Min/Hrs)*.....

Remarks:.....

Acted by: Signature: Date:

SECTION C: CUSTOMER FEEDBACK: *(To be filled by the Customer after the Service)*

We are constantly striving to improve our Services and are sincerely interested in your feedback. Please take a few minutes to complete this Questionnaire regarding your recent experience with Machakos University. Tick (✓) where applicable.

Kindly Indicate your level of satisfaction regarding the Service(s) received and your recent experience with Machakos University's Officer(s)

Very Satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very Dissatisfied.

Do you have any ideas that can assist Machakos University to improve its Service(s) and increase the Satisfaction Level of its Customers?

If yes; kindly list them.....

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THANK YOU FOR YOUR INPUT AND TIME!

