

SERVICE REQUEST FORM

Dear client:
Fill out this form to indicate the service that you require from ILS.

I. ILS SERVICE/S REQUIRED:

(Mark appropriate box/es and fill in the appropriate blank/s)

Borrow Book Title/s: _____

Borrow other research/information material Title/s: _____

Use MIRC for meeting/function Date and Time: _____

Use of ILS Conference Room for meeting/function Date and Time: _____

II. PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

SCHOOL (IF STUDENT): _____

ORGANIZATION/COMPANY (IF WORKING): _____

SIGNATURE: _____

DATE: _____

Upon satisfaction of service requirement, please sign the **Client Feedback Form** on page 2 and submit to the Advocacy and Publication Division (for library services) or to the Office of the Executive Director (for use of conference room).

CLIENT FEEDBACK/COMPLAINT FORM

Dear Client:
Fill out this form to provide information that will allow us to assess the efficiency, integrity and relevance of our frontline services. This one-page form is divided into three parts: division concerned; service provided; quality of service; and complaint, if any. The information that you will provide will be kept confidential and will not be used except for assessing our services. With regard to complaints, we shall take action according to relevant laws, policies, rules and regulations.

I. DIVISION/OFFICE CONCERNED: (Mark appropriate box/es)

<input type="checkbox"/> Office of the Executive Director	<input type="checkbox"/> Advocacy and Publications Division
<input type="checkbox"/> Office of the Deputy Executive Director	<input type="checkbox"/> Employment Research Division
<input type="checkbox"/> Finance and Administrative Division	<input type="checkbox"/> Workers Welfare Research Division
	<input type="checkbox"/> Labor and Research Relations Research Division

II. SERVICE/S PROVIDED: (Mark appropriate box/es)

<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Use of Library Facilities
<input type="checkbox"/> Access to Knowledge Product	<input type="checkbox"/> Use of Conference Room/MIRC

III. QUALITY SERVICE: (Mark appropriate box/es)

Office

1. Accessibility
2. Presence of Danger
3. Cleanliness

Poor	Fair	Good	Very Good

Other comments _____

Frontline Employees

1. Courtesy (politeness, cordially, attentiveness)
2. Cleanliness and orderliness of work area
3. Grooming and appearance
4. Delivery of service (knowledgeable in the assigned work, facilitative, systematic, decisive, prompt)

Poor	Fair	Good	Very Good

Other comments _____

IV. COMPLAINT, IF ANY:

A. Personnel involved, circumstances and date of incident:

B. Recommended Action:

Signature: _____

Date: _____