

CMN - 004 V3.0

W.E.F. 09/04/2020

User Department Feedback Form

Please provide requested information for statistical and trending purposes.

User Department Name:	pistolet collector & magistrate Illamaparty.				
Project Name	Mana Isuka Vahanam.				
Project Manager\Co- Ordinator Name	Shaik Yas meen Basha Dist Colleta & realist				
Address for communication:	collectorate complex , wanaparmy				
Phone:	9059863297				
Email	1 COLLAWAPT. CSCC @ gmail.com				
Email	Collownpt. csec & gmaili com				

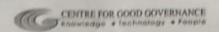
Rating: Please provide your ratings on the scale of 1" to 5"

Note: If any item has the rating of less than 4, please detail the reasons for such rating (This will be used as guidance for improvement).

- 1. Poor
- 2. Unsatisfactory
- 3. Satisfactory
- 4. Good
- 5. Excellent
- NA: Not applicable

#	Attribute	Rating (1-5,NA)	Remarks
1.	Service Delivery/ Project Delivery: a) The Project/Service was delivered as per the schedule	4.5	
	b) The delivered service\project was as per the requirements/specifications	4.5	
	c) The skills of the project team were as per expectations	5	
	d) The overall quality and performance of the final project/service delivered	4-8	
2.	Team members Service: a) Approachability	4.8	
	b) Responsiveness	5	
	c) Communication skills	5	
	d) Flexibility	4.8	
	e) The promptness of problem resolution	5	
3.	Overall rating		
4.	As service provider, CGG offers "Value for Money".	Yes Yes,	
5.	Would you use CGG's Services again?	yes. Yes/No	

Centre for Good Governance User Department Feedback Form



CMN - 004 V3.0

W.E.F. 09/04/2020

Feedback given by	Name	B. Power	Dedde	1	
	Designation	Takes done		sochlay a	poulutender
Signature	8	10 06 120 M	Date 20 06	21-	