

User Department Feedback Form

Please provide requested information for analysis, better and consistent performance purposes.


User Department Name:	Telangana Police Department
Project Name	Telangana Police HRMS Application
Project Manager\Convener Name	N. Swetha, IPS DCP DD HYD
Address for communication:	Hyderabad old Commissioner Office, Basheerbagh-500004.
Phone:	8712660801
Email	

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	3	
	b) The delivered service/project was as per the requirements/specifications	4	
	c) The overall quality and performance of the final project/service delivered	4	
2.	Team members Service:		
	a) Approachability	5	
	b) Responsiveness	4	
	c) Communication skills	5	
	d) Flexibility	4	
	e) The promptness of problem resolution	4	
3.	User experience/feel about application	Excellent/Good/Average/Bad	
4.	Overall rating		
5.	As service provider, CGG offers "Value for Money".	✓	Yes/No
6.	Would you use CGG's Services again?	✓	Yes/No

#	Attribute	Rating (1-5,NA)	Remarks
Improvements Suggested	I have only coordinated between City and police requirements.		

Feedback given by	Name	N. Swetha, IPS		
	Designation	DCP DD Hyderabad		
Signature			Date	18/7/20

Dy. Commissioner of Police
 CCS, DD.- Hyderabad City.