Pustaka Negeri Sarawak
Beneficiaries Satisfaction Rating Form
Borang Maklumbalas Kepuasan Pelanggan

Date: **Tarikh**		**Venue:** **Tempat**	
Name of Program: **Nama Program**		**Name of Participant:** **Nama Peserta**	

Your feedback is critical for us to ensure we are meeting your needs. We would appreciate if you could take a few minutes to share your opinion with us so we can serve you better.
Maklumbalas pihak tuan/puan amat diperlukan bagi memastikan pihak kami memenuhi kehendak tuan/puan. Pihak kami amat menghargai kerjasama anda bagi mengisi borang maklumbalas kepuasan pelanggan ini supaya pihak kami dapat menyediakan perkhidmatan yang lebih berkualiti dan memenuhi kehendak pelanggan.

Instructions: Please indicate your level of agreement with a tick (√) for the statements listed below.
Arahan: *Sila tandakan (√) mengikut skala kepuasan anda bagi setiap kenyataan dibawah.*

No.	Perkara	**1** Strongly disagree *Sangat tidak setuju*	**2** Disagree *Tidak setuju*	**3** Neutral *Memuaskan*	**4** Agree *Setuju*	**5** Strongly agree *Sangat setuju*
1.	The program was well organized. *Program telah dijalankan dengan baik.*					
2.	The objectives of the program were clearly defined and met. *Objektif program telah dicapai dan difahami.*					
3.	The delivery of program was effective. *Penyampaian program sangat berkesan.*					
4.	The facilitator was knowledgeable and well prepared about the program. *Penceramah berpengetahuan tinggi dan bersedia dalam penyampaian ceramah*					
5.	Chances of your participation in our future program. *Kemungkinan penyertaan anda dalam program kami pada masa akan datang.*					

Thank you for your feedback!
Terima kasih atas maklumbalas anda!

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