PUSTAKA NEGERI SARAWAK,SIBU
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 *Sangat 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 diterangkan 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. *Kecenderungan anda menyertai program kami pada masa akan datang.*					

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