BENEFICIARIES SATISFACTION RATING FORM

BORANG MAKLUMBALAS KEPUASAN PELANGGAN

PUSTAKA NEGERI SARAWAK, SIBU
Jalan Tun Tuanku Bujang, Sungai Merah, 96000, Sibu, Sarawak.
No. Tel : 084 – 315 200 No. Faks : 084 – 255 233
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Date : **Venue** :
Tarikh *Tempat*
Name of Program : **Name of Participant** :
Nama Program *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**	**5 Strongly Agree *Sangat Setuju***	**4 Agree *Setuju***	**3 Neutral *Memuaskan***	**2 Disagree *Tidak Setuju***	**1 Strongly Disagree *Sangat tidak 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 yang akan datang.*					

Comment / KOMEN :

Thank you for your feedback. / *Terima Kasih atas maklumbalas anda!*

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