

PARTNERSHIP SATISFACTION RATING FORM

BORANG MAKLUMBALAS KEPUASAN RAKAN PINTAR

PUSTAKA NEGERI SARAWAK, SIBU

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Date :

Tarikh

Venue

Tempat

Name of Program :

Name/Agency

Nama Program

Nama/Agensi

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 ($\checkmark$) 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 objectives of the program were clearly defined and met. Objektif program diterangkan dan difahami.					
2.	The program was well organized. Program telah dijalankan dengan baik.					
3.	Strong commitment and cooperation between collaborators. Kerjasama dan komitmen yang padu dikalangan rakan pintar.					
4.	Collaboration provide opportunity for knowledge and expert sharing. Kerjasama menggalakkan perkongsian ilmu pengetahuan dan kepakaran.					
5.	Chances of collaborate in future for other program. Kecenderungan bekerjasama program yang akan datang.					

Comment/Komen :

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

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