Maklum Balas Pelanggan
Customer Feedback Form

Nama : _____
Name

No Keahlian : _____
Membership No.
No. MyKad : _____
MyKad No.

Tarikh Kunjungan : _____
Date of Visit

Sila nyatakan jika anda perlu maklum balas dari kami
Please indicate if you would like a reply from us

Ya / *Yes* ☐ Tidak / *No* ☐

Jika YA, sila lengkapkan yang berikut :
If YES, please complete the following :

Alamat : _____
Address
_____

E-mel : _____
Email

Telefon : _____
Telephone

UNTUK KEGUNAAN PEJABAT
FOR OFFICE USE

Tarikh Terima
Date Received : _____

Diterima Oleh
Received By : _____

Tindakan
Action(s) taken :

No Ruj CCRF
CCRF Ref No :

Jenis Maklum Balas **Type of Feedback**	**Aduan** **Complaint**	☐	**Cadangan** **Suggestion**	☐	**Pujian** **Compliment**	☐

Kategori Maklum Balas
Feedback Category

Tempat & Fasiliti **Places & Facilities**	☐	**Khidmat Sirkulasi** **Circulation Services**	☐
Keahlian **Membership**	☐	**Promosi** **Promotion**	☐
Waktu Operasi **Opening Hours**	☐	**Khidmat Pelanggan** **Customer Service**	☐
Akses Internet **Internet access**	☐	**Susunan bahan Perpustakaan** **Arrangement of Libarry Materials**	☐
Program & Aktiviti **Program & Activities**	☐	**Koleksi Perpustakaan** **Library Collection**	☐
Laman Web **Website**	☐	**Perkhidmatan** **Service**	☐
Staf **Staff**	☐	**Lain-lain** **others**	☐
		_____	
		_____	

Maklum Balas Pelanggan
Customer Feedback

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