



PUSTAKA NEGERI SARAWAK, MIRI
Beneficiaries Satisfaction Rating Form
Borang Maklumbalas Kepuasan Pelanggan

Date: <i>Tarikh</i>		Venue: <i>Tempat</i>	
Name of Program: <i>Nama Program</i>		Name of Participant: <i>Nama Peserta</i>	

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 <i>Sangat tidak setuju</i>	2 Disagree <i>Sangat tidak setuju</i>	3 Neutral <i>Memuaskan</i>	4 Agree <i>Setuju</i>	5 Strongly agree <i>Sangat setuju</i>
1.	The program was well organized. <i>Program telah dijalankan dengan baik.</i>					
2.	The objectives of the program were clearly defined and met. <i>Objektif program diterangkan dan difahami.</i>					
3.	The delivery of program was effective. <i>Penyampaian program sangat berkesan.</i>					
4.	The facilitator was knowledgeable and well prepared about the program. <i>Penceramah berpengetahuan tinggi dan bersedia dalam penyampaian ceramah.</i>					

5.	Chances of your participation in our future program. <i>Kecenderungan anda menyertai program kami pada masa akan datang.</i>					
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Thank you for your feedback! / Terima kasih atas maklumbalas anda!