PUSTAKA NEGERI SARAWAK

PARTNERSHIP SATISFACTION RATING FORM

BORANG MAKLUMBALAS KEPUASAN RAKAN PINTAR

Date :
Tarikh

Venue :
Tempat

Name of Program :
Nama Program

Name/Agency :
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 (√) 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* **:**

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

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