



Republic of the Philippines
Office of the Ombudsman

FEEDBACK FORM (OMB FORM 11)

We value your feedback. Please let us know how we have served you by completing this form.

Date: _____

Name of Visitor: (optional) _____

Contact Number (optional) _____ Sex _____

Name of Office/Bureau visited: _____

Name of OMB Personnel who attended you: _____

Purpose of visit : _____

How do you feel about our service? Please put a check (/) mark.

Category	Excellent 	Very Satisfactory 	Satisfactory 	Unsatisfactory 	Poor 
a. Prompt					
b. Courteous					
c. Adequate					

Suggestion for improvement/commendation

Thank you!

THIS FORM IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE OMBUDSMAN WEBSITE AT www.ombudsman.gov.ph



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