



Republic of the Philippines  
Office of the Ombudsman

### FEEDBACK FORM (OMB FORM 8)

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](http://www.ombudsman.gov.ph)



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