



# Merchant Shipping Secretariat Ministry of Ports & Shipping

**MSS**

## CUSTOMER FEEDBACK FORM (Doctor)

Please complete this form as part of our unit's performance review process. Your participation will contribute to the performance feedback provided to this employee. Return the completed form (either as an email attachment or by mail) to the evaluator named below. If you have questions or will not be able to return the form within a week of receiving it, please contact the evaluator.

Date: .....

Please indicate your genuine views about the questions mentioned below by crossing (X) the appropriate cages as per the rankings below.

**5-Very Good, 4-Good, 3- Satisfactory, 2- Poor, 1- Not Applicable**

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|-------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. Was the expected output of the work and time commitment made by the examination unit?                                                        | 1 | 2 | 3 | 4 | 5 |
| 2. How satisfied are you with the information provided such as new guidelines/info given by the IMO and other important data posted up to date? | 1 | 2 | 3 | 4 | 5 |
| 3. Did the examiners respond to the doctors' question and concerns in a professional and timely manner?                                         | 1 | 2 | 3 | 4 | 5 |
| 4. How would you rate the overall service provided to you by the MSS office?                                                                    | 1 | 2 | 3 | 4 | 5 |

Any other suggestions/comments/changes needed

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