

## Tsirang Dzongkhag Client Feedback Form

Name.....Age.....Phone Number.....

Gender ☐ Male. ☐ Female

Date.....

**Q1. Name of the Services availed? (Please tick one---more than one if other services are availed)**

☐ Land ☐ Civil Registration ☐ Engineering ☐ Environment

☐ Accounts ☐ Agriculture ☐ Livestock ☐ Education

☐ Human Resources ☐ Religion & Culture

**Q2. Did we meet your expectations? (Please tick one)**

☐ Yes ☐ No

**Q3. How would you rate our services? (Please tick one)**

☐ Very good

☐ Good

☐ Average

☐ Bad

☐ Worst

Thank you for your time