

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