

REGISTRAR GENERAL'S DEPARTMENT
PORT LOUIS

CUSTOMER FEEDBACK FORM

1. Name (optional)
2. Name of organization
3. How long have you been waiting to get the services at the Registrar-General's Department?
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4. How frequent do you visit the Registrar General's Department?
- Daily Weekly Monthly Yearly One-off

5. How would you rate the treatment you receive since you enter the office until you leave it in a scale of 1 to10? (1 being "very bad" and 10 being "outstanding")
- 1 2 3 4 5 6 7 8 9 10

6. How would you rate the services being offered by the Registrar-General's Department?
- Very good Good Satisfactory Poor

7. Do you have any suggestions to enable us to improve our services?
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Thanking you for your collaboration.