



<b>FEEDBACK AND COMPLAINT MECHANISMS</b>	
How to send a feedback	<p>Accomplish the Client Feedback Form and drop it at the designated box at the lobby guard.</p> <p>Clients may also contact ICE at (02) 89818500 loc. 3181-3182 or through email at <a href="mailto:ice.upd@up.edu.ph">ice.upd@up.edu.ph</a>.</p>
How feedback is processed	<p>Every Friday, the ICE Anti-Red Tape Focal Person (IARTFP) collects all feedback forms for recording and submission to the ICE Committee on Anti-Red Tape (ICART) for review.</p> <p>Feedback requiring answers is forwarded to the concerned office to provide the necessary answer.</p> <p>The answer to the feedback is reviewed by the ICART and relayed to the client within three (3) days from the receipt of the feedback.</p> <p>For inquiries and follow-up, clients may contact ICE at (02) 89818500 loc. 3181-3182 or through email at <a href="mailto:ice.upd@up.edu.ph">ice.upd@up.edu.ph</a>.</p>
How to file a complaint	<p>Answer the Client Complaint Form and drop it at the designated box at the lobby guard. Clients may also call or email ICE and provide the following information:</p> <ul style="list-style-type: none"> <li>- Name of person being complained</li> <li>- Incident</li> <li>- Evidence</li> <li>- Name of complainant and contact information</li> </ul> <p>For inquiries and follow-up, clients may contact ICE at (02) 89818500 loc. 3181-3182 or through email at <a href="mailto:ice.upd@up.edu.ph">ice.upd@up.edu.ph</a>.</p>
How complaints are processed	<p>The IARTFP checks the drop box on a daily basis. Complaint received is immediately evaluated and referred to the relevant office for proper action.</p> <p>For inquiries and follow-up, clients may contact ICE at (02) 89818500 loc. 3181-3182 or through email at <a href="mailto:ice.upd@up.edu.ph">ice.upd@up.edu.ph</a></p>
Contact Information	<p>Telephone Number: (02) 89818500 loc. 3181-3182                      Email: <a href="mailto:ice.upd@up.edu.ph">ice.upd@up.edu.ph</a></p>



## CLIENT FEEDBACK FORM

Unit: \_\_\_\_\_

Service Requested: \_\_\_\_\_

Instruction: Please encircle the number that corresponds to you rating.

A. How would you rate our service/s in term of quality?

1. Poor      2. Fair      3. Good      4. Very Good      5. Excellent

B. How would you rate our service/s in term of timeliness?

1. Poor      2. Fair      3. Good      4. Very Good      5. Excellent

C. Overall, how would you rate your experience with our service/s?

1. Poor      2. Fair      3. Good      4. Very Good      5. Excellent

Any suggestion/s on how we can improve our service delivery?

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University of the Philippines Diliman  
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Tel. No. (02) 89818500 loc. 3181-3182 Email: [ice.upd@up.edu.ph](mailto:ice.upd@up.edu.ph)

## CLIENT COMPLAINT FORM

Unit: \_\_\_\_\_

Service Requested: \_\_\_\_\_

A. Name of Person being complained:

\_\_\_\_\_

B. Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Evidence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Contact information of the Complainant

In order for us to give feedback on the action taken relative to your complaint, kindly provide us the following information:

A. Name of complainant: \_\_\_\_\_

B. Contact Number: \_\_\_\_\_

C. Email Address: \_\_\_\_\_