



RECORDS UNIT

CatSU Freedom of Information (FOI) Request Feedback Form

This Feedback Form captures the citizen's/client's experience, expectations, and satisfaction with the agency's compliance with the FOI Program implementation. Your feedback on your recently concluded transaction will enable the agency to continuously improve their services. All personal information provided using this form shall be treated with utmost confidentiality. Disclosure of the personal information of the customers shall only be disclosed pursuant to applicable laws, guidelines and regulations.

Name (Family Name, First Name, Middle Initial): _____

Date: _____ Gender: Male Female Age: _____

Category: Student Teacher Professional Other: _____

Instructions: Please put a **check mark (✓)** on the column that best corresponds to your answer.

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE
1. Are you satisfied with the handling of your FOI request?					
	YES			NO	
2. Did you receive your information within 15 to 30 working days?					
	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE
a. For unsuccessful requests, are you satisfied with the reason					
b. For <i>successful</i> request, was the response you received easy					
3. Did you feel that we communicated with you effectively from start to finish?					

4. Is there anything we could do to improve our service in the future?

THANK YOU!