

MINISTRY OF BUSINESS, ENTERPRISE AND COOPERATIVES (COOPERATIVES DIVISION)  
(CO- OPERATE WITH US TO IMPROVE OUR SERVICE)

**CUSTOMER FEEDBACK FORM**

*The Permanent Secretary, 3<sup>rd</sup> Floor, LIC Centre, John Kennedy St., Port Louis*

*Tel: 405 0770*

*Fax: 208 9263*

*E- mail: [pscoop@govmu.org](mailto:pscoop@govmu.org)*

Form Number: CD 18

1. Name of person giving feedback: \_\_\_\_\_

2. Contact details

Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

3. Name of Co-operative Society/Organization: \_\_\_\_\_

\_\_\_\_\_

4. Please give your appreciation on the following services provided by the Co-operatives Division: (Tick as appropriate).

	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Poor</i>
(a) Public Relations & Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Formation & Registration of Co-operative Societies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Conception & Implementation of Projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Management of Co-operative Societies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Promotion & Development of Co-operative Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Operation of Incentive Schemes for the Development of Co-operatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Audit of Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Disputes & Arbitration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Inscription of Fixed Charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*P.T.O.*

(j)	Release of Charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k)	Liquidation of Co-operative Societies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l)	Consolidation of Co-operative Societies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m)	Education & Training on Co-operative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n)	Response to Enquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(o)	Response to Complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(p)	Accessibility to Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(q)	Time taken to provide services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(r)	Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(s)	Reliability of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Additional comments, if any, on the services you would like to make (use additional paper if space is not adequate):-

-----

-----

-----

6. If you were to qualify the services offered by the Co-operatives Division in general, which of the following, according to you, would be more applicable:- (*Tick as appropriate*)

- |  |   |
|--|---|
| <input type="checkbox"/> Very Professional | <input type="checkbox"/> Professional   |
| <input type="checkbox"/> Not bad           | <input type="checkbox"/> Unprofessional |

7. Any suggestion you would like to make for the improvement of our services (use additional paper if space is not adequate):-

-----

-----

Date :.....

**MINISTRY OF BUSINESS, ENTERPRISE AND COOPERATIVES  
(COOPERATIVES DIVISION)**

**(CO-OPERATE WITH US TO IMPROVE OUR SERVICE)**

**Customer Feedback Form on the services provided at .....**

**.....Regional Co-operative Centre (RCC) Telephone No.....**

Form Number: CD 17

**NOTE FOR CUSTOMERS:** *Your feedback on our services at Regional Co-operative Centres is very important as this will help us improve our work and satisfy your requirements in a better way.*

1. Name of person giving feedback: .....

2. **Contact details**

Tel. No.: .....

Address: .....

3. Name of Co-operative Society/Organization:.....

4. How do you find the services provided by the officers at the .....  
**Regional Co- operative Centre?**

(1)  *Very Good*    (2)  *Good*    (3)  *Satisfactory*    (4)  *Poor*

*(Tick where appropriate).*

5. Have you encountered any problem/difficulty at the .....**Regional Co- operative Centre? (Indicate Yes/No).** .....

If yes, specify the problem/difficulty (use additional paper if space is not adequate):

.....  
.....

6. Suggest any probable solution/s to the problem/difficulty mentioned at paragraph 5.  
*[Please be explicit (use additional paper if space is not adequate)].*

.....  
.....  
.....

7. Which services provided by the \_\_\_\_\_ RCC have you appreciated? *[Please specify (use additional paper if space is not adequate)]*

-----  
-----  
-----  
-----

8. State any comment/proposition to improve the services provided at the \_\_\_\_\_ RCC (use additional paper if space is not adequate):

-----  
-----  
-----

***Thank you for filling this questionnaire.***

Date: \_\_\_\_\_