

G. Suggestions for improvement (if any).....

Name Designation

Organisation Date

Address

Tel : Fax :

Email :

***Please enclose your business card for us to network with you.**

H. FOR OFFICIAL USE ONLY

i)	Comment on feedback by QLPA Services
_____ _____	
Signed : _____ Date : _____ (Manager, Quality, Legal & Public Affairs Services)	
ii)	Comment by HODs/GM

Thank you for your participation. We undertake to treat all responses with Strict Confidentiality and any suggestions or complaints shall be looked into promptly.



CUSTOMER SERVICE FEEDBACK

To enable us to improve our services, kindly complete this Customer Service Feedback and return the same to us either by fax or by mail to –

**MIRI PORT AUTHORITY,
 P O BOX 1179, MIRI 98008 SARAWAK
 (Tel: 085-609009, 609011, 609088, 609079 Fax: 085-604841
 Email: miriport@gmail.com**

PART I

A. Which industrial sector are you from?

- | | | |
|----|--|--------------------------|
| A1 | Import/ Export | Please (√) |
| A2 | Shipping | <input type="checkbox"/> |
| A3 | Forwarding | <input type="checkbox"/> |
| A4 | Logistics | <input type="checkbox"/> |
| A5 | Oil & Gas | <input type="checkbox"/> |
| A6 | Related Government Agencies (Please specify) | <input type="checkbox"/> |
| A7 | Others (Please specify) | <input type="checkbox"/> |

B How frequent do you interface with us or use our services/ Facilities?

- | | | |
|----|--------------|--------------------------|
| B1 | Daily | Please (√) |
| B2 | Weekly | <input type="checkbox"/> |
| B3 | Monthly | <input type="checkbox"/> |
| B4 | Occasionally | <input type="checkbox"/> |

C Which particular departments do you normally deals with?

- | | | |
|----|--|--------------------------|
| C1 | Operations | Please (√) |
| C2 | Landing & Shipping (Billing & Payment) | <input type="checkbox"/> |
| C3 | Engineering | <input type="checkbox"/> |
| C4 | Security, Enforcement & Fire Services | <input type="checkbox"/> |
| C5 | Administration & Finance | <input type="checkbox"/> |
| C6 | Business Development Unit | <input type="checkbox"/> |
| C7 | ICT Unit (IPMS System) | <input type="checkbox"/> |
| C8 | Internal Audit | <input type="checkbox"/> |
| C9 | Quality, Legal & Public Affairs Services | <input type="checkbox"/> |

PART II

How do you rate the following as provided by MPA?

Performance Rating

A COUNTER SERVICES

- A1 Friendliness
- A2 Helpfulness
- A3 Effectiveness

Poor		Average		Excellent
2	4	6	8	10

B EFFICIENCY OF EQUIPMENT / FACILITIES /SERVICES

- B1 Crane/Harbour Crane
- B2 Forklifts
- B3 Reachstackers
- B4 Trailers
- B5 Weighbridge
- B6 Cargo Gears
- B7 Office/Building Rental
- B8 Training Facilities
- B9 Water Supply
- B10 Berthing / Mooring of vessel
- B11 Cargo Handling Services
- B12 Delivery of Cargo
- B13 Measurement of Cargo
- B14 Bunkering Services
- B15 Electricity Supply (Reefer Points)

Poor		Average		Excellent
2	4	6	8	10

C PORT ENVIRONMENT AND SAFETY

- C1 Cleanliness
- C2 Safety, & Health compliance
- C3 Security of cargo, property & people
- C4 Environmental compliance

Poor		Average		Excellent
2	4	6	8	10

D COMMUNICATION

(Are we easily contactable by?)

- D1 Telephone
- D2 Facsimile
- D3 E-Mail

Poor		Average		Excellent
2	4	6	8	10

Remark:

E OVERALL

- E1 What is your perception of MPA?

Poor		Average		Excellent
2	4	6	8	10

F Did you encounter any problem during your visit to the portago?

- F1 1 month (Please specify) _____
- F2 2 months (Please specify) _____
- F3 3 months (Please specify) _____