

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**

Poor		Average		Excellent
2	4	6	8	10

**A COUNTER SERVICES**

- A1 Friendliness
- A2 Helpfulness
- A3 Effectiveness

**B EFFICIENCY OF EQUIPMENT / FACILITIES /SERVICES**

Poor		Average		Excellent
2	4	6	8	10

- 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 )

**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? )

Poor		Average		Excellent
2	4	6	8	10

- D1 Telephone
- D2 Facsimile
- D3 E-Mail

Remark:

\_\_\_\_\_

\_\_\_\_\_

**E OVERALL**

Poor		Average		Excellent
2	4	6	8	10

- E1 What is your perception of MPA?

\_\_\_\_\_

\_\_\_\_\_

**F** Did you encounter any problem during your visit to the port .....ago?

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