**IT EQUIPMENT SERVICE REQUEST FORM**

Information and Communication Technology Department

Declaration and Data Privacy Consent: The information I have given is true, correct, and complete. By submitting this form, I authorize the Philippine Ports Authority to collect, use, process, and retain my personal data in accordance with the PPA’s Privacy Statement and for purposes specified in this form.

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| **ORSD FORM** | **Ref. No.** | **SERVICE REQUEST**(To be accomplished by the requesting party) |
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| **RC** | **Name of Employee:** (Full name, First Name, Middle Name) | **Date/Time Reported** |
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| **Detect/Problem** |
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| **Name** | **User Signature** |
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| **ORSD FORM 002** | **Ref. No.** | **SERVICE SLIP**(To be accomplished by ICTD Technical Personnel) |
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| **Diagnostics** | **Action Taken** |
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| **Parts Replaced** |
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| **Date Received** | **Time Received** | **User Signature** |
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Help us serve you better. Please take a moment to give us your feedback by scanning the QR code and submitting the accomplished form. Thank you.

**GENERAL INSTRUCTIONS:**

1. Indicate the Responsibility Center.
2. Indicate the Name of Employee
3. Indicate the Date and time reported.
4. Fill in the Detect/Problem.
5. Indicate name and affix signature of the person who requested.

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| Logo  Description automatically generated | **PPA HEAD OFFICE** | Doc. Ref. Code: |  | PM:APC: |  | :CFB:FM:01 |
|  | RC: |  |  |  |  |  |  |  |  |  |  |  | Revision No.: |  | 01 |  |  |  |  |
|  |  | Date of Effectivity: |  | October 01, 2021 |
|  |  |  |  |  |
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| Thank you for giving us the opportunity to better serve you. We want to improve our service, please help us by answering this short survey. |
| *(Maraming salamat sa pagkakataong kayo ay aming mapaglingkuran. Nais naming pagbutihin pa ang aming serbisyo, maaari po lamang pakisagot ang maiksing "survey" na ito.)* |
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| *https://newsaurus.files.wordpress.com/2014/10/frowny-thumbs-down.png* |
| *Smiley face clip art thumbs up free clipart images 2* |
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|  |  | Yes | No |
|  |  | (Oo naman!) | (Hindi) |
|  |  |  |
|  |  | Please mark the appropriate boxes with “✓” |
|  |  | (Markahan ang mga boxes ng inyong sagot) |
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|  **1. CUSTOMER EXPERIENCE** |  |  |
|  | A. Efficiency (Kaalaman at bilis ng serbisyo) |[ ] [ ]
|  |  |  |  |
|  | B. Courtesy (Magalang at madaling pakitunguhan) |[ ] [ ]
|  |  |  |  |
|  **2. DID WE SERVE YOU WELL?** **(COMMENTS/SUGGESTIONS)** |  |[ ] [ ]
|  | Naging maayos ba ang aming serbisyo? |  |  |
|  | (Komento/Suhestiyon): |  |  |
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| **NAME & SIGNATURE:** |  | **COMPANY:** |  |  |
| **CONTACT NO. (Required):** |  | **DATE/TIME:** |  |  |
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| **DECLARATION AND DATA PRIVACY CONSENT:**The information I have given is true, correct, and complete. I authorize the Philippine Ports Authority to collect, use,process, and retain my personal data in accordance with the Philippines Ports Authority's Privacy Statement and forpurposes of collecting Customer Satisfaction Feedback. |
|  |  |  |[ ]  I agree |  |  |  |  |  |  |  |  |
|  |
| Maaring ihulog sa itinakdang "SUGGESTION BOX" ang kumpletong "survey" na nasa "Security/Reception |
| Desk" na matatagpuan sa PMO Building. MARAMING SALAMAT PO! |
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