

# PUBLIC SERVICE TELEPHONE CUSTOMER SERVICE ASSESSMENT

## PART A: INFORMATION ABOUT YOUR TELEPHONE CALL

(Please tick  the most appropriate answer.)

<b>1. Name of Ministry/Office called:</b> _____	<b>2. Date of call</b> _____
<b>3. What time of the day was your call?</b> <input type="checkbox"/> 9am – 11am <input type="checkbox"/> 11am – 2pm <input type="checkbox"/> 2pm – 5pm <input type="checkbox"/> Other	
<b>4. What was the telephone number of the Ministry/Office called</b> _____	<b>5. What was the purpose of your call?</b> _____
<b>6. How many times did you ring before your call was answered?</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> N/A	
<b>7. How many ringtones were there before your call was initially answered?</b> <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-5 <input type="checkbox"/> 6+ <input type="checkbox"/> Did not count <input type="checkbox"/> Did not answer	
<b>8. How satisfied were you with the length of time it took before your call was first answered?</b> <input type="checkbox"/> Very Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied	
<b>9. When the staff initially answered your call, did they:</b>	
<ul style="list-style-type: none"> <li>▪ Provide a greeting (e.g. Talofa, Hello or Good morning)      <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Do not Remember</li> <li>▪ Identify the Ministry/Office name (e.g. PSC or Public Service Commission)      <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Do not Remember</li> <li>▪ Give their name (e.g. Tia lea or Tia speaking)      <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Do not Remember</li> <li>▪ Offer assistance (“Saunoa mai” or “How may I help you”)      <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Do not Remember</li> </ul>	
<b>10. Do you feel that your call was answered in a formal, clear and/or courteous manner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Remember	
<b>11. How would you describe the tone of the staff answering and dealing with your call? (tick one or more)</b> <input type="checkbox"/> Happy <input type="checkbox"/> Friendly <input type="checkbox"/> Tired <input type="checkbox"/> Annoyed	<input type="checkbox"/> Rude <input type="checkbox"/> Other: _____ (please state)
<b>12. Was the staff answering the call helpful and professional in dealing with your enquiries?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>13. Was the staff member serving you able to deal with your enquiry or transfer you to the appropriate/requested employee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Did the person answering your call allow you to complete your request before responding to it?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>15. Were you informed before being transferred to the appropriate/requested person?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>16. How satisfied were you with the manner in which the staff member answered and handled your call?</b> <input type="checkbox"/> Very Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied	
<b>17. Any suggestions for improvements?</b> _____	

## PART B. INFORMATION ABOUT YOU

- |  |   |
|--|---|
| <b>1. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female | <b>2. Age:</b> _____  |
| <b>3. Village of Residence:</b> _____  | <b>4. Are you currently employed in a Government Agency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please return your complete survey to the Public Service Commission Office at the FMFM II Building, Level 2 or email [rwilliams@psc.gov.ws](mailto:rwilliams@psc.gov.ws) or [bsmith@psc.gov.ws](mailto:bsmith@psc.gov.ws)

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## VAEGA A: FA'AMATALAGA O LAU VILI I LE TELEFONI (Fa'amolemole e fa'aaoga le fa'ailoga e fa'aailoa mai ai lou finagalo)

<b>1. Igoa o le Matagaluega/Ofisa sa e vili i ai</b> _____	<b>2. Aso na e vili i ai</b> _____
<b>3. Taimi o le aso na e vili ai?</b> <input type="checkbox"/> 9am – 11am	<input type="checkbox"/> 11am – 2pm <input type="checkbox"/> 2pm – 5pm <input type="checkbox"/> Other
<b>4. Numera telefoni a le Matagaluega/Ofisa sa e vili ai?</b> _____	<b>5. O le a le mafua'aga na e vili ai?</b> _____
<b>6. E fa'afia ona e viliina le Ofisa fatua taliina lou valaau?</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> N/A
<b>7. E fa'afia ona tatagi le telefoni fa'atoa tali mai le Matagaluega/Ofisa?</b>	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-5 <input type="checkbox"/> 6+ <input type="checkbox"/> E lē i faitauina <input type="checkbox"/> E lē i taliina
<b>8. Sa fa'amalieina oe i le umi o le tatagi a le telefoni faatoa tali mai le Matagaluega/Ofisa?</b>	<input type="checkbox"/> Matua le fa'amalieina <input type="checkbox"/> Lē fa'amalieina <input type="checkbox"/> Fa'amalieina <input type="checkbox"/> Matua fa'amalieina
<b>9. Ina ua tali mai e le Talitelefoni lau valaau, sa ia:</b>	
▪ Fa'atalofa ma fa'afeiloai lelei mai oe? (e.g. Talofa, Hello or Good morning)	<input type="checkbox"/> Ioe <input type="checkbox"/> Leai <input type="checkbox"/> Lē manatua
▪ Fa'aailoa mai le igoa o le Matagaluega/Ofisa? (e.g. PSC or Public Service Commission)	<input type="checkbox"/> Ioe <input type="checkbox"/> Leai <input type="checkbox"/> Lē manatua
▪ Fa'aailoa mai lona igoa? (e.g. Tia lea or Tia speaking)	<input type="checkbox"/> Ioe <input type="checkbox"/> Leai <input type="checkbox"/> Lē manatua
▪ Tāpā le mafua'aga o lau valaau atu? (“Saunoa mai” or “How may I help you”)	<input type="checkbox"/> Ioe <input type="checkbox"/> Leai <input type="checkbox"/> Lē manatua
<b>10. Sa manino, tusaafia le taliina mai o lau valaau e le Talitelefoni?</b>	<input type="checkbox"/> Ioe <input type="checkbox"/> Leai <input type="checkbox"/> Lē manatua
<b>11. Sa fa'apei le siufofoga o le Talitelefoni ina ua tali mai lau valaau?</b>	<input type="checkbox"/> Fiafia <input type="checkbox"/> Tausaafia <input type="checkbox"/> Lēlava <input type="checkbox"/> Ita <input type="checkbox"/> Lē migao <input type="checkbox"/> Isi: _____ (fa'aailoa mai)
<b>12. Sa fesoasoani ma lelei le taliina e le Talitelefoni, lau mataupu sa e valaau atu ai?</b>	<input type="checkbox"/> Ioe <input type="checkbox"/> Leai
<b>13. Sa mafai e le Talitelefoni ona fesoasoani i lau Mataupu, pe sa toe tu'u oe i se isi Sui o le Ofisa po'o lē o lo'o e manao i ai?</b>	<input type="checkbox"/> Ioe <input type="checkbox"/> Leai
<b>14. Sa tuu avanoa atu le Sui o le Ofisa e fa'amatala lau mataupu e aunoa ma se fa'alavelave i le mafua'aga o lau valaau?</b>	<input type="checkbox"/> Ioe <input type="checkbox"/> Leai
<b>15. Sa fa'aailoa atu e le Talitelefoni le Sui o le Ofisa lea o le a tu'u i ai oe, po'o lē o lo'o e manao i ai?</b>	<input type="checkbox"/> Ioe <input type="checkbox"/> Leai
<b>16. Sa fa'amalieina oe i le amio fa'aalia ma le gagana a le Talitelefoni po'o le Sui o le Ofisa?</b>	<input type="checkbox"/> Matua lē fa'amalieina <input type="checkbox"/> Lē Fa'amalieina <input type="checkbox"/> Fa'amalieina <input type="checkbox"/> Matua fa'amalieina
<b>17. E i ai nisi fautuaga mo le fa'aleleia atili o lenei auaunaga?</b> _____	
<b>VAEGA E: FA'AMATALAGA E PAATINO IA TE OE</b>	
<b>5. Alii po o se tamaitai</b> <input type="checkbox"/> Tane <input type="checkbox"/> Tamaitai	<b>6. Tausaga:</b> _____
<b>7. Nu'u:</b> _____	<b>8. O e faigaluega i se Matagaluega/Ofisa o le Malo?</b> <input type="checkbox"/> Ioe <input type="checkbox"/> Leai

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