



CUSTOMER SERVICE/ ASSISTANCE PROCEDURE

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ATTACHMENTS

- Customer Assistance Form
Customer Complaint Form
Customer Survey Form
Customer Feedback Form

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CUSTOMER SERVICE ASSISTANCE PROCEDURE

1. PURPOSE

To set guidelines for standard implementation of Customer Service Assistance.

2. SCOPE

This procedure applies in connection with the services/assistance being provided by SBDMC's Investment Services Department (ISD) primarily to Subic Bay Gateway Park (SBGP) Locators.

3. RESPONSIBILITIES

- 3.1. Quality Management Representative (QMR) – ensures that this procedure is properly executed.
- 3.2. Investment Services Department (ISD)- observes and ensures proper implementation of all the procedures stated in this document

4. DEFINITION OF TERMS

- 4.1. Customer Service Personnel (CSP)- person in charge for Customer Service.
- 4.2. Customer Service Assistance (CSA)- is a service given by customer service personnel whether inquiry, complaint of request for assistance in coordination with other department(s).

5. STANDARD OPERATING PROCEDURE (SOP)

- 5.1. Upon receipt of customer requirement, Customer Service Personnel (CSP) shall record the details of the requirement on CUSTOMER SERVICE ASSISTANCE (CSA) FORM and identify which department can assist on the request.

Requests can be identified as:

- a. **Level 1** - These can be inquiries within SBDMC that can be assisted right away such as information requests that are not highly confidential and do not need management approval. ISD can either directly give the information to the customer or have another department in-charge give the requested information.
- b. **Level 2** - These are inquiries or requests that need management approval or to go through the Standard Operating Procedures and Internal Office Report (IOR) that requires time and coordination with other departments . In these cases, ISD can require a formal letter for attachment
- c. **Level 3**- These are requests that takes time and need approval of the Board of Directors by SBDMC.





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- d. **Level 4-** These are requests that are dependent on other parties' completion such as assistance in government/ private companies processing of documents and other assistance.
- 5.2. CSP will inform the department in charge and have the request be received and signed as acknowledgement to the request thru the CSA form.
- 5.3. CSP should identify the level and time frame based on the guidelines in consideration to the schedule and availability of the department in charge for the request.
- 5.4. CSP will inform the customer of the process and estimated time frame of completion of the request.
- 5.6. CSP will keep track of the completion process, do follow-ups to other departments and record the final actions taken upon completion of request.
- 5.7. CSP will make sure and verify with the customer that the request is done satisfactorily before finally closing the request.

6. CUSTOMER ASSISTANCE PROCESSING TIMETABLE

This table identifies the levels of the customer requests and sets a standard on the expected time of completion per level.

LEVEL	DAYS OF COMPLETION
Level 1 Data available within the department (Investment Services Department)	1 day
Level 1 Data available on other department(s)	1-2 days
Level 1 Information/document not yet available, such as certifications, contract that do not need management approval	1-3 days
Level 2 Preparation of request for approval Management approval Internal Office Report Inspection	3-7 working days
Level 3 Others	2-4 working days
Level 4 Assistance on government agencies and other private companies	<i>The completion days should be dependent on the normal days of completion of the government agency/company. In this case, the customer service personnel should record all transaction and days of completion to the agency.</i>





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7. CUSTOMER ASSISTANCE REPORTING AND ANALYSIS

7.1. CUSTOMER ASSISTANCE FORM

- a. This form is filled out every time a customer service personnel assists any customer either via phone, walk-in, meeting or email.
- b. Customer Service personnel compiles all completed forms (completed with confirmation from customer) and makes a report every month.
- c. The approved cover report will be signed and noted by the department head.
- d. The report will interpret the total number of assistances performed each month and type of assistance our customer service attends to. This will also identify the number of assistances completed beyond the standard frame time. From this report, customer service section shall be able to identify and analyze possible lapses on the customer service performance or standard operating procedure.
- e. The report will be the cover page of all monthly consolidated assistances.

7.2. CUSTOMER COMPLAINT FORM

- a. Complaint forms are forms to be available at the front desk area of SBDMC building.
- b. These are the forms in which customers can directly state their complaints and have them received at the front desk area.
- c. Customer service personnel shall be the one to collect the forms and attach each on a customer service assistance form for action.
- d. Complaint form is only one way of recording complaints since customer service accepts complaints via phone call or email.
- e. Complaints that are anonymous will not be counted.

7.3. CUSTOMER SURVEY FORM

- a. Customer Survey Form is the form to be used by Customer Service every time they will conduct customer survey as needed.
- b. Customer surveys are done to identify preferences of the majority of locators on a specific topic or activity that will come up as needed by the management at any given time.
- c. Customer surveys are consolidated per topic and shall have an approved cover report





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7.4. CUSTOMER FEEDBACK FORM

- a. Customer Feedback is conducted by Customer Service by random sampling at least 10% of the total number of direct lease locators/individuals/companies serviced by SBDMC.
- b. Customer Feedback is conducted per year and forms are consolidated with approved cover report.





**Subic Bay Development
&
Management Corporation, Inc.**

Document Code: SBDMC-ISD

Revision Code: 0

Issue Date: September 23, 2012

CUSTOMER SERVICE ASSISTANCE PROCEDURE

CUSTOMER SERVICE ASSISTANCE FORM

DATE RECEIVED:		CONTROL #:	
RECEIVED BY (PRINTED NAME WITH POSITION):		CUSTOMER NAME:	
COMPANY :(if applicable)		CONTACT NO.:	
DETAILS:			
TYPE: <input type="checkbox"/> INQUIRY <input type="checkbox"/> REQUEST FOR ASSISTANCE <input type="checkbox"/> COMPLAINT		MODE OF COMMUNICATION <input type="checkbox"/> PHONE CALL <input type="checkbox"/> WALK-IN <input type="checkbox"/> SCHEDULED MEETING <input type="checkbox"/> EMAIL	
CLASSIFICATION OF CUSTOMER: <input type="checkbox"/> LOCATOR/SUBLEASEE <input type="checkbox"/> OTHER BUSINESS ENTITY <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> OTHERS <i>Please specify:</i> _____			
DEPARTMENT CONCERNED:			
RECEIVED BY:		DATE RECEIVED:	
PRINTED NAME & SIGNATURE			
FINAL ACTIONS TAKEN:			
VERIFIED TO (Customer Name):		DATE:	
LEVEL:		DAYS OF COMPLETION:	
NOTED BY:		REMARKS:	
SIGNATURE OVER PRINTED NAME ISD DEPT. HEAD/In-CHARGE			





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CUSTOMER SERVICE ASSISTANCE REPORT

FOR THE MONTH OF: _____

TYPE OF ASSISTANCE	TOTAL	COMPLETED		PENDING
		BASED ON STANDARD TIME FRAME	BEYOND THE STANDARD TIME FRAME	
COMPLAINTS				
REQUEST FOR ASSISTANCE				
INQUIRY				
TOTAL				

TOTAL FOR THE YEAR:

PREPARED BY:

NOTED BY:

SIGNATURE OVER PRINTED NAME
(DESIGNATION)

SIGNATURE OVER PRINTED NAME
(DESIGNATION)





CUSTOMER SERVICE ASSISTANCE PROCEDURE

SBDMC CUSTOMER SURVEY FORM

Control # _____

PURPOSE OF SURVEY:	
CONDUCTED BY:	DATE:
COMPANY:	
QUESTIONARRE/TOPIC 1:	ANSWER
QUESTIONNARE/TOPIC 2:	ANSWER
SIGNATURE:	
PRINTED NAME & SIGNATURE	

SBDMC CUSTOMER SURVEY FORM

Control # _____

PURPOSE OF SURVEY:	
CONDUCTED BY:	DATE
COMPANY	
QUESTIONARRE/TOPIC 1:	ANSWER
QUESTIONNARE/TOPIC 2:	ANSWER
SIGNATURE:	
PRINTED NAME & SIGNATURE	





CUSTOMER SERVICE ASSISTANCE PROCEDURE

CUSTOMER SERVICE SURVEY REPORT

PURPOSE:

CONDUCTED BY:

DURATION:

QUESTIONNAIRES:

- 1.
- 2.

	QUESTION 1	QUESTION 2
TOTAL YES		
TOTAL NO		
UNDECIDED		
TOTAL NUMBER OF RESPONDENTS		

Mediums used:

MAJORITY RESULT:

PREPARED BY:

NOTED BY:

**SIGNATURE OVER PRINTED NAME
(DESIGNATION)**

**SIGNATURE OVER PRINTED NAME
(DESIGNATION)**





CUSTOMER SERVICE ASSISTANCE PROCEDURE

CUSTOMER COMPLAINT FORM

DATE:	CONTROL NUMBER
NAME	CONTACT #
COMPANY	AGE:
COMPLAINT:	
PRINTED NAME & SIGNATURE	
<p>Thank you very much for your cooperation. Rest assured that your complaint shall be treated with the strictest confidentiality upon request. Please use additional paper, if necessary. Do not hesitate to contact the Quality Management Representative (QMR) for further assistance and/or query.</p>	

CUSTOMER COMPLAINT FORM

DATE:	CONTROL NUMBER
NAME	CONTACT #
COMPANY	AGE:
COMPLAINT:	
PRINTED NAME & SIGNATURE	
<p>Thank you very much for your cooperation. Rest assured that your complaint shall be treated with the strictest confidentiality upon request. Please use additional paper, if necessary. Do not hesitate to contact the Quality Management Representative (QMR) for further assistance and/or query.</p>	





CUSTOMER SERVICE ASSISTANCE PROCEDURE



CUSTOMER FEEDBACK

Department: _____
Division/Section/Branch: _____

How would you rate us on the following indicators? Please check.	Very Good	Good	Fair	Poor
OUR SERVICES				
1. Timeliness of the processing/service rendered <ul style="list-style-type: none"> • How long did it take you to get the service you needed? Indicate number. _____ minutes _____ weeks _____ hours _____ months _____ days 				
2. Accuracy of Processed Documents/Service Rendered				
3. Clarity and transparency of all requirements				
OUR STAFF				
1. Knowledge/Understanding of Job				
2. Courteousness and Promptness				
3. Initiative				
4. Proper Conduct and Neatness of Appearance				
OUR OFFICE				
1. Orderliness and Cleanliness				
2. Adequacy of Facilities and Equipment				

COMMENTS/SUGGESTIONS

PLEASE USE ADDITIONAL PAPER, IF NECESSARY. THANK YOU.

Company Name: _____
PRINT NAME:

Signature: _____
Date of Visit: _____ Time of Visit: _____ Control No. _____

Please file this complaint/feedback at SBDMC office at: Subic Bay Gateway Park, SBFZ.
Tel. Nos: (+6347) 252-3456; Fax: +6347-2526401; www.sbdmc.com

