



### VISITORS GATE PASS

NAME OF VISITOR ..... ID NO. ....  
THE OFFICER/OFFICE TO BE VISITED .....  
REASON FOR THE VISIT .....

TIME IN ..... TIME OUT .....  
SIGNATURE ..... SIGN .....  
..... OFFICERS NAME .....

SIGN/STAMP .....  
**RATE US ON THE SERVICE PROVIDED**

	Excellent	Good	Fair	Poor
1) Staff's Eagerness to serve you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Staff's professionalism and attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Level of satisfaction with service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Rate the overall quality of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Any Other Comments:**  
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