

CUSTOMER SATISFACTION SURVEY

[Your company name, address and phone number]

[Date]

[Customer name]

[Street address]

[Town], [State] [Zip]

How would you rate the service you recently received? (Please check only one answer for each item.)

	VERY SATISFIED	SATISFIED	DISSATISFIED
1. The politeness of the office person when you called for service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The company's ability to set a scheduled time range that was at your convenience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Service Technician's arrival within that scheduled time range?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Politeness of the Service Technician who performed the service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Technical knowledge of the Service Technician who performed the service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Workmanship and quality of the service work done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The work area left clean and neat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you use [your company name] again? Yes No

If you would like to make additional comments, please use this space and reverse side if necessary.

May we use your comment in future marketing? Yes No

Signature: _____ Date: _____