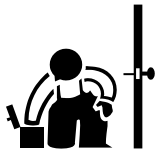

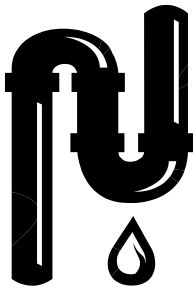

Customer Satisfaction Survey
Department of Facilities Operation

Date:_____
Trade: _____
Work Order #:_____

Poor	Fair	Good	Very Good
1	2	3	4

1. Were your time frame expectations met? ☐ 1 ☐ 2 ☐ 3 ☐ 4

2. Were there any safety issues of concern? ☐ **High** ☐ **low**

3. Were the service personnel courteous? ☐ 1 ☐ 2 ☐ 3 ☐ 4

4. Was the service personnel professional? ☐ 1 ☐ 2 ☐ 3 ☐ 4

5. Did the service personnel notify you upon completion ? ☐ 1 ☐ 2 ☐ 3 ☐ 4

6. Were you satisfied with the jobs performed? ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments:_____
_____
_____

Submit

Thank you for taking the time to let us know how we are doing so we can better serve you.