

CUSTOMER SATISFACTION FEEDBACK

We at DPW value your opinion as our Customer. We want to know how we served you today. Please take TWO minutes to tell us about the service by answering the following questions. Please circle your response. If your response to any question is Poor, please use the space below to tell us how we can give you better service. Cards should be sent through distribution to DPW or comments may be called to 442-2052/3090.

	Excellent	Good	Fair	Poor
1. Was the service order clerk courteous when you called in this service order?	1	2	3	4
2. Was the technician courteous?	1	2	3	4
3. Was our response timely?	1	2	3	4
4. Did the technician keep you informed of the job status?	1	2	3	4
5. Was the job done to YOUR satisfaction?	1	2	3	4
6. Was all refuse removed from the job site?	1	2	3	4
7. How would you rate the DPW service?	1	2	3	4
8. Number of trips required to complete job ____				
9. Was the job completed?	Y	N		

Comments/suggestions: _____

OPTIONAL: Customer Name _____ Phone _____ SO # _____

Task Desc _____ Employee Name _____ Date _____

Date _____ Quarters/Building # _____