

FACILITIES SERVICES

Customer Feedback Form

How are we doing? We want your feedback...the good and the bad! By completing this customer service survey we can provide better services to you, our customers. If you have conducted business with the Facilities Department, please tell us what you think. Suggestions are welcome. Including your name and telephone, is of course optional, but helpful. You may email these to the Facilities Office.

Facilities Office: Emergency Response, Key System, Signage, Vehicle Rentals, Work Order Requests With 5 being the highest, rank the service you received.

Timeliness of service after request was made:
I 2 3 4 5 No Opinion
Quality of workmanship:
I 2 3 4 5 No Opinion
Professionalism and courteousness of Facilities Office personnel:
I 2 3 4 5 No Opinion
Overall level of satisfaction:
I 2 3 4 5 No Opinion
Other comments:

Building Services: Carpentry, Electrical, General Repair, HVAC, Locksmith, Painting, Parking Lots, Plumbing, Welding

Timeliness of service after request was made:
I 2 3 4 5 No Opinion
Quality of workmanship:
I 2 3 4 5 No Opinion
Professionalism and courteousness of Building Services personnel:
I 2 3 4 5 No Opinion
Condition of work area when service was completed:
I 2 3 4 5 No Opinion
Overall level of satisfaction:
I 2 3 4 5 No Opinion
Other comments:

Grounds Services: Athletic Fields, Concrete and Masonry, General Cleanup, Irrigation, Landscape, Tree Trimming

Timeliness of service after request was made: 2 5 No Opinion 3 L 4 Quality of workmanship: 2 3 5 No Opinion Т 4 Professionalism and courteousness of Grounds personnel: 2 3 5 No Opinion L 4 Condition of work area when service was completed: 5 3 No Opinion 2 I 4

Overall level of satisfaction:



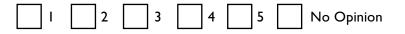
Other comments:

Custodial Services: Cleaning, Event Setup, Moving Services, Pest Control, Providing Needed Supplies

Timeliness of service after request was made:
I 2 3 4 5 No Opinion
Quality of workmanship:
I 2 3 4 5 No Opinion
Professionalism and courteousness of Custodial personnel:
I 2 3 4 5 No Opinion
Condition of work area when service was completed:
I 2 3 4 5 No Opinion
Overall level of satisfaction:
I 2 3 4 5 No Opinion
Other comments:

Environmental Health & Safety: Ergonomics, Disposing of Hazardous Waste/Biohazard, Safety Issues

Timeliness of service after request was made:



Quality of workmanship:

I 2 3 4 5 No Opinion
Professionalism and courteousness of EHS personnel:
I 2 3 4 5 No Opinion
Overall level of satisfaction:
I 2 3 4 5 No Opinion
Other comments:

Optional Information:

Name:			mail:			
Building:	Room	:Phone	Date:			
Do you wish to be contacted? Yes No						

Thank you for your time, consideration, and help in determining where we need to concentrate and improve our efforts and services.

