SERVICE QUALITY QUESTIONNAIRE
CAPITAL PROJECTS & FACILITIES MANAGEMENT
REMODEL DEPARTMENT

TO: **Site Administrator**,

RE: **Work Order # -**

To better serve you, we ask that you take a few moments to complete the following questionnaire and return it to **Capital Projects & Facilities Management, Remodel Department, 333 Holcomb, 3rd Floor**. We value your opinion so please take a minute and let us know how we're doing. If there are any questions on which you need clarification, please call **789-3843**. If you wish to elaborate on any "no" answers please do so on the reverse side.

		Yes	No	NA
1.	Was your initial Remodel Department contact person helpful and courteous?……	☐	☐	☐
2	Did the Remodel Department worker check in before starting the work?……	☐	☐	☐
3.	Were you notified on what impact the work would have at your facility?……..	☐	☐	☐
4.	Were you kept informed of the progress of the work?……	☐	☐	☐
5.	Were all your questions about the work answered to your satisfaction?……..	☐	☐	☐
6.	Was the work well organized?……..	☐	☐	☐
7.	Did the Remodel Department staff perform in a courteous and professional manner?……	☐	☐	☐
8.	Did the worker promptly attend to the work and leave upon its completion?……	☐	☐	☐
9.	Was the work completed to your satisfaction?……	☐	☐	☐
10.	Was the work area left clean and safe?……	☐	☐	☐

11. Overall what was your level of satisfaction with the work? ***Very Satisfied*** ☐ ***Satisfied*** ☐ ***Not Satisfied*** ☐
(If ***not satisfied*** please note reason why in the Comments section below)

12. How long did it take to complete your request from the time you submitted the **Transfer of Funds**?:

1-2 weeks ☐ ***3-4 weeks*** ☐ ***1-3 months*** ☐ ***over 3 months*** ☐

13. Comments about this job and/or how we at Plant Facilities can improve our service?
_____
_____
_____

14. Would you like a supervisor to call you to discuss the job? ***YES*** ☐ ***NO*** ☐

Questionnaire
Filled Out By: _____(Title)_____**Date**:_____

THANK YOU FOR YOUR ASSISTANCE