

GDN Customer Satisfaction Survey Questionnaire

Each GDN (and their appointed third party) is required to send out the following questionnaires along and covering letter, adding in its company name in the square brackets as appropriate. GDNs are required to ask customers these questions to fulfil the requirements of standard special licence condition D9.

Gas Customer
[Customer Address]

[Date]

Dear Gas Customer,

Your Views Make a Difference

[Company] is responsible for ensuring that gas is piped safely and efficiently to more than [x] million homes and businesses across the [geographical area]. So, whoever you choose as your gas supplier, [Company] is responsible for piping the gas to your meter.

As an organisation, [Company] is always looking for ways to improve the service it offers to gas customers. To help in this process [Company] has commissioned [agency name] to conduct a survey on their behalf.

[Agency name] is an independent company and we would like to assess your satisfaction with performance in completing work at your property. I enclose a questionnaire and would be very grateful if you could spare the time to complete and return it in the envelope provided. The questionnaire should only take a couple of minutes to complete and your participation in this survey would be greatly appreciated.

[Agency name] will treat any answers you give with complete confidence and will not attribute them to you personally. On completion of the survey, [agency name] will return all data to [Company] and if there is any information which personally identifies you, it will be destroyed unless otherwise requested by you.

If you need to contact [Company], either in relation to this questionnaire or work carried out, please contact the [Company] Customer Service Team on [insert details].

Thank you for your help.

Yours faithfully,

xxxxx

Safety note: If you smell gas, please call the national 24 hour gas emergency service on freephone 0800 111 999 (calls will be recorded and may be monitored).

Customer Survey for replacement

[Company name] records show that they carried out maintenance (replacement) work on your incoming gas supply. Please complete the questionnaire using a black pen to put a cross in the appropriate boxes like this ☒

1. Are you a domestic (home) or business customer? Please cross one box only.
☐ Domestic ☐ Business (please go to question 3)
2. If you are a domestic customer, are you on (or eligible for) the priority customer list? (Priority customers include people who are disabled, chronically sick or of pensionable age). Please cross one box only.
☐ Yes ☐ No ☐ Don't know
3. Was your gas supply interrupted as a result of the maintenance (replacement) work on your incoming gas supply? Please cross one box only.
☐ Yes ☐ No (please go to question 6)
4. If so, for how long? Please cross one box only. If you are not sure, give an estimate.
☐ 0-4 hours ☐ 5-8 hours ☐ 9-12 hours ☐ 13-16 hours ☐ 17-23 hours ☐ 24 + hours
☐ Don't know
5. How satisfied were you with the duration of this interruption to your gas supply? Please cross as appropriate.
☐ Very satisfied (5) ☐ Satisfied (4) ☐ Neither (3) ☐ Dissatisfied (2) ☐ Very Dissatisfied (1)
6. Did you receive notification before the work was carried out about the maintenance (replacement) work on your incoming gas supply? Please cross one box only.
☐ Yes ☐ No (please go to question 8)
7. If so, how satisfied were you with this advance notification about the work that needed to take place (for example, telephone calls, face to face contact, letters etc)? Please cross as appropriate.
☐ Very satisfied (5) ☐ Satisfied (4) ☐ Neither (3) ☐ Dissatisfied (2) ☐ Very Dissatisfied (1)
8. How satisfied were you with the communication from [company name] whilst the work was being carried out (for example, telephone calls, face to face contact, letters, etc.)? Please cross as appropriate.
☐ Very satisfied (5) ☐ Satisfied (4) ☐ Neither (3) ☐ Dissatisfied (2) ☐ Very Dissatisfied (1)
9. How satisfied were you with the skill and professionalism of the workforce that carried out the work at your property? Please cross as appropriate.
☐ Very satisfied (5) ☐ Satisfied (4) ☐ Neither (3) ☐ Dissatisfied (2) ☐ Very Dissatisfied (1)
10. How satisfied were you with the overall quality of work carried out? Please cross as appropriate.
☐ Very satisfied (5) ☐ Satisfied (4) ☐ Neither (3) ☐ Dissatisfied (2) ☐ Very Dissatisfied (1)

All information given here will be treated as confidential. Your responses and comments will be used only as part of this survey and will not be attributed to you or to your address. However, it is sometimes considered appropriate to pass on comments, together with contact details to (company name) for their attention.

Please could you indicate below whether or not you are agreeable for this to happen.

- ☐ Yes, I would like my comments and contact details passed to [company name], as appropriate.
- ☐ No, I would not like my comments and contact details passed to [company name].

Customer survey for repair

[Company name] records show that they carried out a repair on your incoming gas supply. Please complete the questionnaire using a black pen to put a cross in the appropriate boxes like this ☒

1. Are you a domestic (home) or business customer? Please cross one box only.
☐ Domestic ☐ Business (Please go to question 3)
2. If you are a domestic customer, are you on (or eligible for) the priority customer list? (Priority customers include people who are disabled, chronically sick or of pensionable age). Please cross one box only.
☐ Yes ☐ No ☐ Don't know
3. Was your gas supply interrupted prior to or during the repair work on your incoming gas supply? Please cross one box only.
☐ Yes ☐ No (Please go to question 6)
4. If so, for how long? Please cross one box only. If you are not sure, give an estimate.
☐ 0-4 hours ☐ 5-8 hours ☐ 9-12 hours ☐ 13-16 hours ☐ 17-23 hours ☐ 24 + hours
☐ Don't know
5. How satisfied were you with the duration of this interruption to your gas supply? Please cross as appropriate.
☐ Very satisfied (5) ☐ Satisfied (4) ☐ Neither (3) ☐ Dissatisfied (2) ☐ Very Dissatisfied (1)
6. How satisfied were you with the communication from [company name] whilst the work was being carried out (for example, telephone calls, face to face contact, letters etc)? Please cross as appropriate
☐ Very satisfied (5) ☐ Satisfied (4) ☐ Neither (3) ☐ Dissatisfied (2) ☐ Very Dissatisfied (1)
7. How satisfied were you with the skill and professionalism of the workforce that carried out the work at your property? Please cross as appropriate.
☐ Very satisfied (5) ☐ Satisfied (4) ☐ Neither (3) ☐ Dissatisfied (2) ☐ Very Dissatisfied (1)
8. How satisfied were you with the overall quality of work carried out? Please cross as appropriate.
☐ Very satisfied (5) ☐ Satisfied (4) ☐ Neither (3) ☐ Dissatisfied (2) ☐ Very Dissatisfied (1)

All information given here will be treated as confidential. Your responses and comments will be used only as part of this survey and will not be attributed to you or to your address. However, it is sometimes considered appropriate to pass on comments, together with contact details to [company name] for their attention.

Please could you indicate below whether or not you are agreeable for this to happen.

- ☐ Yes, I would like my comments and contact details passed to [company name], as appropriate.
- ☐ No, I would not like my comments and contact details passed to [company name].