

Name \_\_\_\_\_

Address \_\_\_\_\_

City / Zip \_\_\_\_\_

**Place  
Stamp  
Here**

**Your Company Name**

**Return Address**

**City, State & Zip Code**

## Service Call Satisfaction Survey

Our goal is 100% customer satisfaction. The only way we can serve you better is to find out how we are doing. Please take a few minutes to complete this survey and slip it in the mail. Circle the number beside each question, 5 being excellent through 1 being poor, that you feel best describes the service call. All comments are welcome. Thank You.

The call scheduler was pleasant & courteous?	1	2	3	4	5
The technician was pleasant & courteous?	1	2	3	4	5
The technician was on time?	1	2	3	4	5
If not did he call you?		YES		NO	
Were all your questions satisfied before work started?	1	2	3	4	5
Was everything clean when we left?	1	2	3	4	5
Were you pleased with the quality of our work?	1	2	3	4	5
Would you recommend us?		YES		NO	
Overall satisfaction with the service call?	1	2	3	4	5

Comments \_\_\_\_\_

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