

CUSTOMER SATISFACTION SURVEY
(Please return to Facilities Director upon completion)
HOUSEKEEPING SERVICES

--- DEPARTMENT ---

Date: _____

Department/Building: _____

We are interested in assessing the Housekeeping Service's activities. Please assist us by answering the following questions:

- Yes No Are the floors clean?
- Yes No Are the floors cleaned on a regular basis?
- Yes No Are the bathroom facilities kept clean?
- Yes No Is there an adequate supply of toilet tissue, paper towels and hand soap?
- Yes No Are wastebaskets emptied and cleaned at the appropriate time intervals?
- Yes No Do the Housekeeping Services personnel work pleasantly and at convenient times?

In general, how do you rate the overall performance of the Housekeeping Services staff in your area?

- Excellent
- Good
- Fair
- Poor

Please provide any comments that may help us to improve our services:

Name: _____

tele: _____

Position: _____

Would you like an appointment with the Facilities Director to address your concerns?

Yes _____

No _____

CUSTOMER SATISFACTION SURVEY
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HOUSEKEEPING SERVICES

--- CORRIDORS ---

Date: _____

Department/Building: _____

EXC = Excellent SAT = Satisfactory UNS = Unsatisfactory N/A = Not Applicable

	Exc	Sat	Uns	N/A	Comments
Cleaning:					
Lights and vents free of dust and dirt					
Windows clean					
Window ledges free of dust and dirt					
Blinds clean and in proper working order					
Walls and ceilings clean and free of spots or streaks					
Walls in good repair (no holes, marks)					
Alcoves clean and free of dust					
Floor clean and without residue or debris					
Floor finished and buffed					
Please add any items that you feel need to be addressed:					

Thank you for your assistance in helping us provide the quality service we are striving for.

CUSTOMER SATISFACTION SURVEY
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HOUSEKEEPING SERVICES

--- OFFICES ---

Date: _____

Department/Building: _____

EXC = Excellent SAT = Satisfactory UNS = Unsatisfactory N/A = Not Applicable

	Exc	Sat	Uns	N/A	Comments
Cleaning:					
Lights and vents free of dust and dirt					
Are windows clean					
Window ledges free of dust and dirt					
Blinds clean and in proper working order					
Walls and ceilings clean and free of spots or streaks & cobwebs					
Walls in good repair					
Alcoves clean and free of dust					
Floor clean and without residue or debris					
Floor finished and buffed					
Furniture free of dust and polished					
File cabinets and other cabinets clean					
Telephones clean					
Please add any item that need to be addressed:					

Thank you for your assistance in helping us provide the quality service we are striving for.

Comments: (Please provide any comments you wish to make)

Other comments that may help us improve the quality of our service.

Thank you for your assistance in helping us provide the quality service we are striving for. Please return this form to the Facilities Department Director.

Name: _____ tele: _____

Position: _____

Would you like an appointment with the Facilities Director to address your concerns?
Yes _____ No _____

To be completed by Facilities Department:

Average rating (average of all questions not answered by N/A) _____

Department Manager/Director contacted regarding the attached? Yes No

CUSTOMER SATISFACTION SURVEY
(Please return to Facilities Director upon completion)

FACILITIES MAINTENANCE

In order to evaluate our services and where we might improve, we would appreciate your feedback.

Date: _____

Department: _____

RATING: **5 = Strongly Agree** **4 = Agree** **3 = Slightly Agree**
 2 = Disagree **1 = Strongly Disagree** **N/A = Does Not Apply**

- _____ Are your problems were solved effectively?
- _____ Is service (to your area) performed promptly?
- _____ If applicable, were you contacted to schedule service at a convenient time?
- _____ Are you kept informed as to delays in services (i.e., parts on order, manpower shortages)?
- _____ Is work was performed in a professional/courteous manner?
- _____ Do the maintenance technicians project a professional appearance and attitude?
- _____ After work is completed, is the work area cleaned and free of debris and clutter?
- _____ Does maintenance work interfere with the safe operation of your department?
- _____ In general, is maintenance work conducted in a safe manner?
- _____ Is the work was completed within your time expectations?
- _____ In most cases, were the repairs were completed for first time?
- _____ Do we provide a reasonable and cost-effective solution to your work requests?
- _____ Have we appropriately apprised you of the cost of work, where applicable?

Thank you for your assistance in helping us provide the quality service we are striving for.

Comments: (Please provide any comments you wish to make)

Other comments that may help us improve the quality of our service.

Thank you for your assistance in helping us provide the quality service we are striving for. Please return this form to the Facilities Department Director.

Would you like an appointment to meet with the Facilities Director to address your concerns?
Yes _____ No _____

To be completed by Facilities Department:

Average rating (average of all questions not answered by N/A) _____

Department Manager/Director contacted regarding the attached? Yes No

Processed by: _____ Date: _____