

## Installation Satisfaction Survey

Customer Name \_\_\_\_\_

Job Number \_\_\_\_\_

Installation Technician(s) \_\_\_\_\_

Date Installed \_\_\_\_\_

Our goal is to ensure your complete satisfaction with your purchase. Your honest answers to the following questions will help us monitor our quality process and continue to find ways to serve you better. Please take a few minutes to complete the survey and return it in the enclosed self-addressed stamped envelope. We appreciate your time and thank you again for your business!

	Excellent	Good	Average	Poor
1. How did we do in scheduling the job with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did our Installation Technicians arrive on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were they courteous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were they careful to protect your property from any damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did they finish on schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did they clean up all work areas when finished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did they conduct a Quality Audit ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did they answer all your questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Would you recommend us to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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Customer's Signature: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

