

REPAIRS SATISFACTION SURVEY

Ref No: Order No:

Name: Address:

Contractor:

Expected Completion Date:

**PLEASE COMPLETE THIS SHEET AND RETURN TO THE ASSOCIATION'S OFFICES  
AS THIS WILL HELP US TO CONTINUE TO IMPROVE OUR SERVICE**

Was the repair carried out satisfactorily? YES NO

How satisfied were you with the following? (Please circle all that apply)

Our service	Very	Fairly	Not Satisfied
Helpfulness of staff	Very	Fairly	Not Satisfied
Time taken to carry out repair	Very	Fairly	Not Satisfied
General conduct of contractor	Very	Fairly	Not Satisfied
Access arrangements	Very	Fairly	Not Satisfied
Quality of repair work	Very	Fairly	Not Satisfied

If you were not satisfied in any way, please give details.....

.....

Are there any ways in which you think our service could be improved?.....

.....

Any other comments.....

.....

Your comments are important to us to help monitor the satisfaction with the service and continue to improve the service wherever possible. Thank you for your co-operation.

Tenant's Signature.....Date.....

FOR OFFICE USE ONLY

Follow-up response required? YES / NO

If yes, please give details.....

.....

Staff Signature.....Date.....