

**CUSTOMER SURVEY FORM (CSF001-00)**

	YES		NO		NO OPINION	
EMPLOYEE'S ARE COURTEOUS ?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
WORK IS COMPLETED IN A TIMELY MANNER ?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
THE CUSTODIAL WORK IN YOUR AREA IS QUALITY WORK?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
COMPLAINTS ARE ACTED ON PROMPTLY?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
(Office Number or Area Representative completing form: _____				Phone Nr. _____		Date _____