



Go Maintenance Ltd
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CUSTOMER SATISFACTION FORM

Customer name: _____ _____ _____ Phone: _____ Email: _____ Address: _____ _____ County: _____ Postcode: _____	Document #: _____ Customer Ref: _____ Job date: _____ Job Name: _____ Operative: _____ _____ _____
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Are you happy with our service?					
Please place a tick in the appropriate box below:					
	Very good	Good	Average	Poor	Very Poor
Was our operative smart, polite and professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did our operative turn up on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did our operative explain the work to be carried out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the work carried out to your satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the work area left clean and tidy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how would you rate our service?					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments?

Customer Signature

Name: _____

Signature: _____

Date: _____