Facility Services Survey

The Facilities Department strives to be a value added service partner. As such, we respectfully ask that you take a moment to answer the below questions. We thank you in advance for your cooperation!

General Location Information
Please provide general information about your location.
Building Location: __________________ Floor: ______ Department: ________________

Facilities Department
Please answer the below questions regarding your experience with the Facilities Department.

1) What is your overall impression of the Facilities Department?
☐ Who’s Facilities? ☐ Lackluster ☐ Okay ☐ Good ☐ Great! (Responsive & Courteous)

2) Do you know how to submit service requests to the Facilities Department? ☐ Yes ☐ No

3) How often do you contact the Facilities Dept. or submit service requests?
☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely ☐ Never

4) Please rate your opinion of the following:
The Facilities Dept.: Never Rarely Sometimes Frequently Always
Responds quickly to requests
☐ ☐ ☐ ☐ ☐
Resolves issues first time
☐ ☐ ☐ ☐ ☐
Follows-up service with survey
☐ ☐ ☐ ☐ ☐
Acts professionally
☐ ☐ ☐ ☐ ☐
Is respectful
☐ ☐ ☐ ☐ ☐
Seem knowledgeable
☐ ☐ ☐ ☐ ☐

Additional Comments
Please provide additional comments below, if desired.
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