

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolves issues first time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows-up service with survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts professionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seem knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

Please provide additional comments below, if desired.
