

Customer Satisfaction Form

**On a scale of 1 through 3 please rate the following:
(3 being the best possible score)**

- How satisfied were you with the quality of the work that was done?
 3 (highly satisfied) 2 (satisfied) 1 (dissatisfied)
- Did the work start according to the timetable you were given?
 3 (completed ahead of schedule) 2 (on schedule) 1 (behind schedule)
- Did the work end according to the timetable you were given?
 3 (completed ahead of schedule) 2 (on schedule) 1 (behind schedule)
- How do you feel the value of the work performed was in relation to the price you paid?
 3 (excellent) 2 (fair) 1 (poor)
- Would you recommend this company to a friend or neighbor?
 3 (most definitely) 2 (probably) 1 (not likely)
- How knowledgeable were we about our products and services?
 3 (excellent) 2 (fair) 1 (poor)

We appreciate your comments.

Customer Name (Optional): _____

XYZ CONTRACTOR
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