

## CUSTOMER SATISFACTION QUALITY SURVEY

Name:	Foreman Name:
Job Type: INTERIOR    EXTERIOR	
Address:	

For each item identified below, circle the number to the right that best fits your judgment of its quality. Use the scale above to select the quality number.

Description/Identification of Survey Item	Scale				
	P o o r	G o o d			E x c e l l e n t
1. Was the work performed on your home handled professionally?	1	2	3	4	5
2. Were employees of Grants Painting dressed appropriately and act in a courteous fashion?	1	2	3	4	5
3. Did the foreman on this job handle all of your concerns promptly?	1	2	3	4	5
4. How would you rate our customer service?	1	2	3	4	5
5. Did Grants Painting deliver what they promised?	1	2	3	4	5
6. How would you rate your overall experience with Grants Painting?	1	2	3	4	5

Would you recommend Grants Painting to family and friends?  
 YES                      NO

Additional Comments:

Customer signature: \_\_\_\_\_

Date: \_\_\_\_\_