

# Janitorial Service Performance Customer Satisfaction Survey

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

\_\_\_\_\_ (Contractor Name) is submitting a proposal on a Federal Aviation Administration solicitation and provided your name as a customer reference. Part of our evaluation process requires information on the firm's past performance. Your input is important to us and responses are required by \_\_\_\_\_ (date & time) for inclusion of this evaluation. Your assistance is greatly appreciated.

**Please rate you current level of satisfaction with our overall service performance:**

\_\_\_\_\_ Excellent (5)    \_\_\_\_\_ Very Good (4)    \_\_\_\_\_ Good (3)    \_\_\_\_\_ Needs Improvement (2)

\_\_\_\_\_ Unacceptable (1)

Comments: \_\_\_\_\_

\_\_\_\_\_

**How quickly do we respond to your needs, requests, or complaints?**

\_\_\_\_\_ Excellent (5)    \_\_\_\_\_ Very Good (4)    \_\_\_\_\_ Good (3)    \_\_\_\_\_ Needs Improvement (2)

\_\_\_\_\_ Unacceptable (1)

Comments: \_\_\_\_\_

\_\_\_\_\_

**How would you rate the problem solving capabilities and follow-up of our Operations Management?**

\_\_\_\_\_ Excellent (5)    \_\_\_\_\_ Very Good (4)    \_\_\_\_\_ Good (3)    \_\_\_\_\_ Needs Improvement (2)

\_\_\_\_\_ Unacceptable (1)

Comments: \_\_\_\_\_

\_\_\_\_\_

**How would you rate the performance of our on-site employees providing janitorial services for your facility?**

\_\_\_\_\_ Excellent (5)    \_\_\_\_\_ Very Good (4)    \_\_\_\_\_ Good (3)    \_\_\_\_\_ Needs Improvement (2)

\_\_\_\_\_ Unacceptable (1)

Comments: \_\_\_\_\_

\_\_\_\_\_

**Your overall satisfaction in the following areas (please mark the appropriate rating with an "X").**

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	Unacceptable (1)	Not applicable
Offices	_____	_____	_____	_____	_____	_____
Conference Room	_____	_____	_____	_____	_____	_____
Lobby/Entrance/Corridors	_____	_____	_____	_____	_____	_____
Restrooms/Locker Rooms	_____	_____	_____	_____	_____	_____
Medical/Physical Fitness	_____	_____	_____	_____	_____	_____
Cafeterias/Break Rooms	_____	_____	_____	_____	_____	_____
Tower Cabs	_____	_____	_____	_____	_____	_____

Organization Name:\_\_\_\_\_ Date:\_\_\_\_\_

Contact:\_\_\_\_\_

Phone #:\_\_\_\_\_

Thank you for completing this survey.

**THIS FORM IS TO BE COMPLETED BY THE CUSTOMER REFERENCE AND  
EITHER EMAILED OR FAXED DIRECTLY, BY THE CUSTOMER REFERENCE, TO:**  
**Linda.A-CTR.Lee@faa.gov**  
**FAX: 425-227-1156**