



## CUSTOMER SATISFACTION QUESTIONNAIRE



% COMPLETE		
0 - 30	30 - 60	60 - 100

**This questionnaire seeks your views on how we have performed on your project. Please help us to fully understand your needs and requirements. Your feedback will enable us to focus on these in pursuit of excellence.**

Project Details (to be completed by FAREBROTHER)	Your Details (to be completed by the Customer)
<b>Contract Name</b>	<b>Company Name</b>
<b>Branch Location</b>	<b>Completed By</b>
<b>Contract No</b>	<b>Position</b>
<b>Your Name</b>	<b>Date</b>
<b>Email</b>	<b>Farebrother Contact Name</b>

Please answer either question **1 and/or 2** and then continue with the rest of the questionnaire.

- 1. How satisfied were you with the design services / design advice – where FAREBROTHER or our retained / employed consultant were involved in the design?**  
(please circle one number only)

	Totally dissatisfied			Neither satisfied or dissatisfied					Totally satisfied	
	1	2	3	4	5	6	7	8	9	10
Overall design performance	1	2	3	4	5	6	7	8	9	10
Design creativity	1	2	3	4	5	6	7	8	9	10
Ability to innovate	1	2	3	4	5	6	7	8	9	10
Speed and reliability of service	1	2	3	4	5	6	7	8	9	10
Co-ordination between team members	1	2	3	4	5	6	7	8	9	10
Communication / responsiveness	1	2	3	4	5	6	7	8	9	10

- 2. How satisfied were you with the quality of the finished building services where FAREBROTHER was only involved in the installation (i.e. another consultancy not retained / employed by FAREBROTHER undertook the design)?** (please circle one number only)

	Totally dissatisfied			Neither satisfied or dissatisfied					Totally satisfied	
	1	2	3	4	5	6	7	8	9	10
FAREBROTHER installation (design by another consultancy)	1	2	3	4	5	6	7	8	9	10

- 3. How satisfied were you with the service provided by FAREBROTHER?** (please circle one number per question only)

	Totally dissatisfied			Neither satisfied or dissatisfied					Totally satisfied	
	1	2	3	4	5	6	7	8	9	10
Overall performance	1	2	3	4	5	6	7	8	9	10
Ability to keep to price quoted	1	2	3	4	5	6	7	8	9	10
Ability to keep to time	1	2	3	4	5	6	7	8	9	10
Quality of service provided	1	2	3	4	5	6	7	8	9	10
Resolution of any defects	1	2	3	4	5	6	7	8	9	10
Quality of O&M manual	1	2	3	4	5	6	7	8	9	10
Timeliness of O&M manual	1	2	3	4	5	6	7	8	9	10
Trust / confidence in our ability	1	2	3	4	5	6	7	8	9	10
Standard of site safety	1	2	3	4	5	6	7	8	9	10
Communication / responsiveness	1	2	3	4	5	6	7	8	9	10
Flexible attitude / non confrontational	1	2	3	4	5	6	7	8	9	10
Ability to provide innovative solutions	1	2	3	4	5	6	7	8	9	10

PART 1

4. **At the time of handover, what was the condition of the building services installation with respect to defects?** (please circle one number only)

	Totally defective		Major defects with major impact on client		Some defects & some impact on client		A few defects & no significant impact on client		Apparently defect-free	
Defects	1	2	3	4	5	6	7	8	9	10

5. **Please indicate the significance of any changes / variations to the building services contract made by your company?** (please circle one number only)

	Significant changes to work		Several major changes		Few major changes		Few minor changes		No variations	
Significance of changes / variations	1	2	3	4	5	6	7	8	9	10

6. **Would you use our services again?** (please circle the answer)

Yes / No

7. **Are there any areas in which we can improve our performance?**

8. **Do you have any other comments you wish to make?**

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.**

**Please Return To:**

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