



Date: _____

Resident Customer Service and Satisfaction Survey

Dear Resident:

This survey is to find out how satisfied you are with your living conditions and to help improve the quality of life in your property. Your participation in this survey is very important. Your answers to these questions will give us an idea of how well Management is doing in creating a safe and decent place for you and your family to live.

The head of household should fill out this survey, so please think back over the past year when answering the questions. Please be sure to answer all questions by checking the box with a blue/black ballpoint pen.

DO NOT WRITE YOUR NAME ON THE SURVEY. Your answers will remain confidential and a drop box will be available at each office location.

Overall Satisfaction

1. How satisfied are you with the following:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Does Not Apply
Your unit/home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your property/building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Property Management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maintenance and Repair:

2. Over the last year, how many times have you called for maintenance or repairs?

Have Never Called	1 to 2 Times	3 to 4 Times	More Than 4 Times
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If you called for NON-EMERGENCY maintenance or repairs (for example, leaky faucet, broken light, etc.) the work was **usually** completed in:

Have Never Called	1 to 2 Times	3 to 4 Times	More Than 4 Times	Problem Never Corrected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If you called for EMERGENCY maintenance or repairs (for example, toilet plugged up, gas leak, etc.) the work was **usually** completed in:

Have Never Called	Less Than 6 Hours	6 to 24 Hours	More Than 24 Hours	Problem Never Corrected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Based on **your experience** how satisfied are you with:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Does Not Apply
How easy it was to request?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well the repairs were done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person you contacted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Property Management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication:

6. Do you think management provides you information about:

	Strongly Agree	Agree	Does Not Apply	Disagree	Strongly Disagree
Maintenance and repair (for example, water shut off, boiler shut down, modernization activities?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The rules for your lease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meetings and events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you think management is:

	Strongly Agree	Agree	Does Not Apply	Disagree	Strongly Disagree
Responsive to your questions and concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteous and professional with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive of your resident/tenant organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

