

Quarterly Customer Survey

(Personal Interview)

OMB 0710-0001

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Quarterly Customer Survey

So that we may provide you with better service, we'd like to know...

H O W A R E W E D O I N G ?

Using the following scale, how would you rate _____ Engineer District? (circle one)

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
1. Manages your projects/programs effectively. Comments: _____	1	2	3	4	5
2. Keeps you informed. Comments: _____	1	2	3	4	5
3. Treats you as an important member of the team. Comments: _____	1	2	3	4	5
4. Solicits, listens to and resolves your concerns. Comments: _____	1	2	3	4	5
5. Supplies timely service and products. Comments: _____	1	2	3	4	5
6. Delivers quality products and services. Comments: _____	1	2	3	4	5
7. Is flexible in responding to your needs. Comments: _____	1	2	3	4	5
8. Provides best value products and services. Comments: _____	1	2	3	4	5
9. Seeks your requirements, priorities and expectations. Comments: _____	1	2	3	4	5
10. Incorporates your suggestions to improve. Comments: _____	1	2	3	4	5
11. Responds to your inquiries within one day. Comments: _____	1	2	3	4	5
12. Would be your choice for future products and service. Comments: _____	1	2	3	4	5

What did you like about our products and services in the past 3 months? _____

How can we improve our products and services in the next 3 months? _____

PROJECT TITLE: _____ PROJECT LOCATION: _____
(IF APPLICABLE TO THIS SURVEY)

YOUR ORGANIZATION: _____

DATE: ____/____/____