

CHICAGO STATE UNIVERSITY

Physical Facilities Planning & Management Customer Service Survey

Please complete this survey for Physical Facilities Planning & Management (PFPM) this will help us serve you better. You are very important to us and customer satisfaction is our ultimate goal. These views will be anonymous unless you choose to provide a name. Print, complete, and mail to O&M 200.

SERVICE PROVIDER

1. Your most recent request was with which service provider:

- | | | | |
|-----------------|----------------|-----------------------|-------------------------|
| a. BSW | d. Engineers | g. Painters | J. Office Support Staff |
| b. Carpenters | e. Grounds Men | h. Plumbers | |
| c. Electricians | f. Movers | i. Project Specialist | |

2. Please provide work order number.

Work order number	Date	Time
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3. How was your experience?

- | | |
|--------------|---------|
| a. Excellent | c. Fair |
| b. Good | d. Poor |

4. Was the service provided within ten business days?

Yes No

5. Did the appropriate provider service the work order / Construction Remodeling & Renovation Request?

Yes No

6. Rate the overall quality of the service.

- | | |
|--------------|---------|
| a. Excellent | c. Fair |
| b. Good | d. Poor |

7. Where you treated professionally?

Yes No

8. Were all your concerns and questions answered?

Yes No

9. Were you directed to the person who could help?

Yes No

10. If your call was not answered by staff, was your call returned within 24-hours or the next business day of leaving a message?

Yes No

11. How was the communication between the service provider and your department?

- a. Excellent
- b. Good
- c. Fair
- d. Poor

12. Were expectations met? If not please explain.

Yes No

13. Was the service completed?

Yes No

14. Did they follow up with you to see if you were satisfied?

Yes No

23. If you have any suggestions on how PFPM can improve our services, please let us know by expressing your views below.

Print Name

Extension