



Quality Questionnaire



Thank You, _____ for allowing us to service your home!

How did we do? Please take a few minutes to complete and return this Questionnaire. We value your business and want to continue to provide our exceptional level of support. The only way we can serve you better is to understand your needs.

Thank you again for your valuable opinions.

	Completely Agree	Mostly Agree	Somewhat Agree	Mostly Disagree	Completely Disagree	NA
1) The Damage Control office was friendly & helpful:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) The DC Team arrived on time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) They did what they said they were going to do &/or explained the process to my understanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) They were professional and courteous:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) They treated my possessions with respect:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) I was pleased with the craftsmanship of the resulting work & the DC team cleaned up their jobsite properly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) The DC Team worked well w/my: Insurance Co., Contractor, Homebuilder or Plumbing Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) I would refer them to neighbors and friends:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Overall was satisfied with the team's performance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Customer Signature: _____ Date: _____

Contractor Name:
Job Number:
 Date Received:
 Type of Loss
 Insurance Co./Customer:
 Insurance Agent/Agency:
 Subdivision:
 Claim # / PO:
Insured Name:
Insured Phone #:
Mailing Address: _____
Mailing Zip: _____