

# Repair Satisfaction Feed



**NAME** (PRINT IN BLOCK CAPS): ..... **Room Number:** .....

Issue Reported:

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 .....

Date Fault reported: ..... and to whom: ..... Date repaired: .....

Being committed to improvement, we would like your feedback to enable us to close off your repair and to know whether it was completed to your satisfaction. Please tick the boxes that apply, then return the form to Lorna – Accommodation Officer. Thank you – your comments are valued.

1	Rate of overall repair service provided?	Very Satisfied	Fairly Satisfied	Neither Satisfied or Dissatisfied	Fairly Dissatisfied	Very Dissatisfied	No Opinion
2	Did you find it easy to report your repair?	Yes	No				
3	Was the repair completed right first time?	Yes	No				
4	If no, was it completed in a reasonable timescale?	Yes	No	Not Applicable			
5	Rate on attitude and politeness of office staff?	Very Satisfied	Fairly Satisfied	Neither Satisfied or Dissatisfied	Fairly Dissatisfied	Very Dissatisfied	No Opinion
6	Rate on attitude, politeness, and care by tradesmen?	Very Satisfied	Fairly Satisfied	Neither Satisfied or Dissatisfied	Fairly Dissatisfied	Very Dissatisfied	No Opinion

Please feel free to add any other comments regarding the completion of your repair: -

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