

CUSTOMER SATISFACTION FORM

Date _____

For each item below, check the box that best represents your satisfaction with Mail Services during the past 3 months. Thank you!

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Promptness in answering your telephone calls					
Promptness in returning your messages					
Courtesy of Mail Services employees					
Helpfulness of Mail Services employees					
Timely pick-up of your mail					
Timely delivery of your mail					
Accurate delivery of your mail					
Resolution of your complaints					
Your overall satisfaction with Mail Service					
Additional Comments:					

NAME: _____ **LOCATION:** Room _____ Building _____

PHONE NUMBER: _____ **DEPARTMENT:** _____