



A Family Business Since 1981

Customer Satisfaction Survey

Please return by mail in the enclosed stamped envelope.

Customer Name: _____ Phone #: _____

Address: _____ Date: _____

Please circle the term that best describes your roofing experience with Peter & Greg Walker Contracting Inc.

Results vs. Expectations:

	Below	Met	Slightly Above	Above
1) Sufficient information was provided on the materials to be used, and to help you understand and be prepared for the work to be performed.	Below	Met	Slightly Above	Above
2) Our company presented a professional image.	Below	Met	Slightly Above	Above
3) Our company's employees were courteous.	Below	Met	Slightly Above	Above
4) Please advise if any inappropriate language was used by crew.	Yes	No		
5) Considering reasonable delays caused by weather, was the scheduled start date met?	Below	Met	Slightly Above	Above
6) Once underway, was the job completed in the time period promised?	Below	Met	Slightly Above	Above
7) Our company was accessible and receptive to comments, requests for information, or changes?	Below	Met	Slightly Above	Above
8) Please advise if our Production Manager, Nelson, fulfilled your requirements.	Below	Met	Slightly Above	Above
9) The finished job met the standards described in your contract?	Below	Met	Slightly Above	Above
10) The job site was cleaned up to your satisfaction?	Below	Met	Slightly Above	Above
11) Proper care was demonstrated for your property.	Below	Met	Slightly Above	Above

Why did you choose us as your roofing contractor? _____

What are the main benefits you derive from doing business with us? _____

Comments; or suggestions to improve the job or your roofing experience? _____

Based on your experience with our company, would you recommend or refer us to others?

No Maybe Yes