

TAMARAC LAKE COLONY VENDOR SATISFACTION SURVEY

Thank you for taking the Vendor Satisfaction Survey. The purpose of this survey is to help the Association serve your needs more effectively. By understanding where our vendors are exceeding your expectations, or need to improve, we can reallocate our resources to elevate our quality of service to you. Our goal is to be proactive in monitoring your satisfaction, so please rate your satisfaction level with each of the following statements.

1. Vendor Name (e.g. Gem Lawn): _____

2. Description of job: _____

1 = very satisfied 2 = somewhat satisfied 3 = neutral 4 = somewhat dissatisfied 5 = very dissatisfied

	1	2	3	4	5
3. How satisfied are you with the overall quality of the job done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How satisfied are you with the quality of the materials used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How would you rate the cleanliness of the service provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How would you rate the professionalism of the service provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Satisfaction with consideration of your time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Please rate the responsiveness of the property manager with addressing your repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. What is your satisfaction with the property manager's inspection of the service repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How long did it take for your issue to be resolved, from time of first reporting through completion? _____					

11. What about the product and/or service did you dislike?

12. What about the product and/or service did you like?

We appreciate you taking the time to complete and submit this Vendor Satisfaction Survey!

Owner Name: _____ Address: _____

Home: (____) ____ - _____ Mobile: (____) ____ - _____ E-Mail: _____

Best Method and Time To Contact: _____

Owner Signature: _____ Date: ____/____/____