

**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!

	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>Not Applicable</b>
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					
<b>Additional Comments:</b>					

**NAME:** \_\_\_\_\_ **LOCATION:** Room \_\_\_\_\_ Building \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_