

# Customer Service Report

- yes     no    Was our office staff helpful and courteous?
- yes     no    Were we on-time to your appointment?
- yes     no    Did you see the red carpet?
- yes     no    Was our technician neat, clean & courteous?
- yes     no    Does anyone in your home suffer from allergies?
- yes     no    Do you have to dust often?
- yes     no    Do you ever have a damp/musty odor in your home?
- yes     no    Would you like to receive a discount on today's call? (ask Technician)

Which rooms in the house are the least comfortable?

\_\_\_\_\_

Is system noise objectionable?

\_\_\_\_\_

What is your typical electric bill? *M/A* Summer \_\_\_\_\_ Winter \_\_\_\_\_  
What is your typical gas/oil bill? Summer \_\_\_\_\_ Winter \_\_\_\_\_

What do you **NOT** like about your present heating and cooling system?

\_\_\_\_\_

Additional comments:

*Extremely Friendly! Informative* <sup>Very</sup>

Please rate our service on a scale of 1 – 10 with 10 being the highest:

1    2    3    4    5    6    7    8    9    10

*Chris*  
Email Address: \_\_\_\_\_

Name A. Combs

Address \_\_\_\_\_ Buff 10

Phone \_\_\_\_\_ 42716

Date: 6-5-14