

# Customer Satisfaction Survey

Date: \_\_\_\_\_

\_\_\_\_\_ (Contractor Name) is submitting a proposal on a Federal Aviation Administration solicitation and provided your name as a customer reference. Part of the evaluation process requires information on the firm's past performance. Your input is important to us and responses are required by January 31, 2024 (date & time) for inclusion of this evaluation. Your assistance is greatly appreciated.

**Please rate your current level of satisfaction with the overall service performance:**

\_\_\_\_ Excellent (5)    \_\_\_\_ Very Good (4)    \_\_\_\_ Good (3)    \_\_\_\_ Needs Improvement (2)    \_\_\_\_ Unacceptable (1)

Comments: \_\_\_\_\_

\_\_\_\_\_

**How quickly do we respond to your needs, requests, or complaints?**

\_\_\_\_ Excellent (5)    \_\_\_\_ Very Good (4)    \_\_\_\_ Good (3)    \_\_\_\_ Needs Improvement (2)    \_\_\_\_ Unacceptable (1)

Comments: \_\_\_\_\_

\_\_\_\_\_

**How would you rate the problem solving capabilities and follow-up of our Operations Management?**

\_\_\_\_ Excellent (5)    \_\_\_\_ Very Good (4)    \_\_\_\_ Good (3)    \_\_\_\_ Needs Improvement (2)    \_\_\_\_ Unacceptable (1)

Comments: \_\_\_\_\_

\_\_\_\_\_

**How would you rate the performance of our on-site employees providing various services for your facility?**

\_\_\_\_ Excellent (5)    \_\_\_\_ Very Good (4)    \_\_\_\_ Good (3)    \_\_\_\_ Needs Improvement (2)    \_\_\_\_ Unacceptable (1)

Comments: \_\_\_\_\_

\_\_\_\_\_

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Thank you for completing this survey.

**THIS FORM IS TO BE COMPLETED BY THE CUSTOMER REFERENCE AND EMAILED DIRECTLY BY THE CUSTOMER REFERENCE TO: [ANGELA.FURUKAWA@FAA.GOV](mailto:ANGELA.FURUKAWA@FAA.GOV)**