

SERVICE EVALUATION

Kindly take a moment to evaluate the car service recently provided to you. Your comments will assist us when making service improvements so that we can provide more satisfactory service to your company. Tel-A-Car is interested in any input you can provide. We are updating our cars, increasing the number of drivers, and the size of our fleet.

Car Service Used:

TEL-A-CAR

DATE SERVICE USED / /	CAR NUMBER	TIME SERVICE WAS USED <input type="checkbox"/> AM <input type="checkbox"/> PM	FORM OF PAYMENT <input type="checkbox"/> VOUCHER <input type="checkbox"/> PERSONAL CREDIT CARD <input type="checkbox"/> VIP CARD
NAME (OPTIONAL)		TELEPHONE NUMBER ()	

DISPATCH

WAS YOUR CALL ANSWERED PROMPTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE OPERATOR COURTEOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IN HOW MANY MINUTES WERE YOU TOLD THE CAR WOULD ARRIVE? _____ MINUTES	DID THE OPERATOR TAKE ALL OF THE INFORMATION CORRECTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO
APPROXIMATELY HOW LONG WERE YOU ON HOLD TO GET YOUR CAR NUMBER? _____ MINUTES	
ADDITIONAL COMMENTS ABOUT THE DISPATCH PROCEDURES	

DRIVER

WAS THE CAR WAITING AT THE DESIGNATED LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID THE CAR ARRIVE AT THE SPECIFIED TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
WAS THE CAR I.D. NUMBER PROMINENTLY DISPLAYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE DRIVER COURTEOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO
WAS THE DRIVER KNOWLEDGEABLE OF THE ROUTE TO YOUR DESTINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE CAR DRIVEN IN A SAFE MANNER? <input type="checkbox"/> YES <input type="checkbox"/> NO
WAS THE DRIVER WELL GROOMED/ ATTIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDITIONAL COMMENTS ABOUT THE DRIVER	

CAR

WAS THE EXTERIOR OF THE CAR CLEAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE EXTERIOR OF THE CAR FREE OF DENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
WAS THE INTERIOR CLEAN/TIDY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE INTERIOR FRESH SMELLING? <input type="checkbox"/> YES <input type="checkbox"/> NO
WERE ALL ITEMS SUCH AS SEAT BELTS, RADIO, WINDOWS, LIGHTS, HEAT, AIR CONDITIONING, ETC., IN WORKING ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PLEASE LIST ANY OUT OF ORDER ITEMS _____	
ADDITIONAL COMMENTS ABOUT THE CAR	

OVERALL

How would you rate the overall service on this trip? (Please circle a number)									
POOR			FAIR			GOOD			EXCELLENT
1	2	3	4	5	6	7	8	9	10

Thank you for participating in this survey.