

Work Order Evaluation Form

Name:
Unit #:
Phone #:
Date:

Your feedback will help us improve maintenance services. Thank you.

Date of work order request:

How satisfied were you with the quality of the work?

Satisfactory

Unsatisfactory

If you were not satisfied with the work please be specific about the type of repair and why it was not satisfactory.

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The timeliness of the work performed was:

Satisfactory

Unsatisfactory

Number of weeks to complete:

1

2

3

4

Work not done a month later

Was the work completely finished?

Yes

No

If not, what was left undone?

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Comments or suggestions

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