

QuickCare Feedback Form

Fax to 705-745-8130

Technician : _____
Install/Service : _____

Customer : _____
Contact : _____

Nature of Service (if applicable) : _____

1 - Was our install/response time to your satisfaction? If not, why?

2 - Was the technician able to answer all your questions satisfactorily? If not, why?

3 - Was the technician willing to complete necessary tasks? If not, why?

4 - Do you think the install/service was performed in a professional fashion? If not, why?

5 - Do you have any general comments about our service technician?

6 - What suggestion do you have to improve our installs/service?

