|  |  |
| --- | --- |
| Name: | Date: |
| Vehicle: |
| Insurance Company: |
| For each item identified below, circle the number to the right that best fits your judgment of its quality. Use the scale above to select the quality number. |
| Description/Identification of Survey Item | Scale |
| Low | Med. | High |
| 1. Was the repair process explained thoroughly?
 | 1 | 2 | 3 | 4 | 5 |
| 1. How would you rate the level of customer service?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Was your vehicle repaired in a timely manner?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Were you kept informed during the repair process?
 | 1 | 2 | 3 | 4 | 5 |
| 1. How would you rate the quality of the body work?
 | 1 | 2 | 3 | 4 | 5 |
| 1. How would you rate the quality of the paint work?
 | 1 | 2 | 3 | 4 | 5 |
| 1. How would you rate the cleanliness of your vehicle upon return?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Was the claim process handled effectively and easily?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Overall, How would you rate Douglassville Auto Body?
 | 1 | 2 | 3 | 4 | 5 |
| 1. How likely are you to recommend D.A.B. to another person?
 | 1 | 2 | 3 | 4 | 5 |
| 1. What would you like to see Douglassville Auto Body improve upon?
 |  |
| 1. Additional Comments and Suggestions.
 |  |

Thank you for taking this survey! We at Douglassville Auto Body strive to continuously improve our performance to meet every customer’s needs. We appreciate your feedback and hope to have a continuing relationship with you in the future!

\*Please mail form to the address listed above, or slide through the after-hours mail slot. Thanks!\*