

**BY COMPLETING THIS CARD YOU CAN HELP WESLO IMPROVE THE QUALITY OF THE REPAIRS SERVICE THAT WE PROVIDE TO YOU**

NAME: ADDRESS:	JOB NUMBER:
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*PLEASE TICK THE APPROPRIATE BOX -*

How did you report the repair?	Phone <input type="checkbox"/>	Office Visit <input type="checkbox"/>	Letter <input type="checkbox"/>
Was the staff member who dealt with your repair enquiry at the office?	Helpful <input type="checkbox"/>	Unhelpful <input type="checkbox"/>	No View <input type="checkbox"/>
If a staff member called at your house was he/she?	Helpful <input type="checkbox"/>	Unhelpful <input type="checkbox"/>	No View <input type="checkbox"/>

	Yes	No	No View
Is the quality of work satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the repair carried out tidily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the tradesman who carried out the repair courteous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the timescale for completion of the repair was reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the problem you reported been resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall are you satisfied with the way in which your repair was handled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are not satisfied with the overall service would you like a visit from your Housing Officer?

Yes  No

Any Other General Comments: