

UNACCOMPANIED HOUSING (UH) MANAGEMENT RESIDENT SURVEY

Building Number: _____
(Optional)

Room Number: _____
(Optional)

Resident's Name: _____
(Optional)

Customer Service: 1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent

1	The room assignment process was quick and thorough	1	2	3	4	5	N/A
2	I was provided with a copy of the Standing Operating Procedures, keys and/or codes, and instructions for mail delivery.	1	2	3	4	5	N/A
3	The UH management personnel treated me with courtesy, respect, and answered my questions.	1	2	3	4	5	N/A
4	The UH management staff performed a joint inspection of my room with me, ensuring keys and/or codes worked properly, appliances were in good working order, and the room was in good maintenance condition.	1	2	3	4	5	N/A
5	My maintenance service order was resolved in a timely manner.	1	2	3	4	5	N/A
6	The maintenance personnel were courteous and professional.	1	2	3	4	5	N/A
7	The maintenance personnel cleaned after themselves when the service was completed	1	2	3	4	5	N/A
8	The UH management staff reviewed the room furnishings and appliances with me and identified deficiencies in conditions before I signed the hand receipt.	1	2	3	4	5	N/A
9	The furnishings were correctly identified on my hand receipt and in good condition.	1	2	3	4	5	N/A
10	The UH management staff assisted me with my request for facility and/or furnishings maintenance.	1	2	3	4	5	N/A
11	Does the quantity of furnishings in your room meet your personal needs? If no, please provide comments.	Yes		No		N/A	
12	Does the types of furniture; e.g. desk, lamp, chest of drawers in your room meet your personal needs? If no, please provide comments.	Yes		No		N/A	

Additional Comments:

Check the box if you would like the NCOIC to contact you and provide your name and contact info.

Telephone number: _____ e-mail: _____

-----HOUSING DIVISION USE ONLY-----

a. Total score: (sum total scores 1 through 10 above) _____

b. Total score possible: 50

c. Calculate a / b =Total Score: _____