

Enter Job No: (as detailed on the copy of your Job Line)



NAME (PRINT IN BLOCK CAPS): .....

ADDRESS (PRINT IN BLOCK CAPS): .....

### ANNUAL GAS SERVICE

Being committed to improvement, we'd like your feedback to enable us to close off your annual gas service and to know whether it was completed to your satisfaction. Please tick the boxes that apply, then return the form back to us in the FREEPOST envelope provided (you don't need a postage stamp).

Thank you – your comments are valued.

- |                                                                 |                                         |                                           |                                                            |                                              |                                            |                                     |
|-----------------------------------------------------------------|-----------------------------------------|-------------------------------------------|------------------------------------------------------------|----------------------------------------------|--------------------------------------------|-------------------------------------|
| <b>1 Overall rate on your annual gas service completed?</b>     | Very Satisfied <input type="checkbox"/> | Fairly Satisfied <input type="checkbox"/> | Neither Satisfied or Dissatisfied <input type="checkbox"/> | Fairly Dissatisfied <input type="checkbox"/> | Very Dissatisfied <input type="checkbox"/> | No Opinion <input type="checkbox"/> |
| <b>2 Rating of the prior notice/ Scheduling of gas service?</b> | Very Satisfied <input type="checkbox"/> | Fairly Satisfied <input type="checkbox"/> | Neither Satisfied or Dissatisfied <input type="checkbox"/> | Fairly Dissatisfied <input type="checkbox"/> | Very Dissatisfied <input type="checkbox"/> | No Opinion <input type="checkbox"/> |
| <b>3 Rate on attitude and politeness of office staff?</b>       | Very Satisfied <input type="checkbox"/> | Fairly Satisfied <input type="checkbox"/> | Neither Satisfied or Dissatisfied <input type="checkbox"/> | Fairly Dissatisfied <input type="checkbox"/> | Very Dissatisfied <input type="checkbox"/> | No Opinion <input type="checkbox"/> |
| <b>4 Rate on attitude, politeness and care by tradesmen?</b>    | Very Satisfied <input type="checkbox"/> | Fairly Satisfied <input type="checkbox"/> | Neither Satisfied or Dissatisfied <input type="checkbox"/> | Fairly Dissatisfied <input type="checkbox"/> | Very Dissatisfied <input type="checkbox"/> | No Opinion <input type="checkbox"/> |

Please feel free to add any other comments regarding the completion of your repair: -

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