



**Department of Transportation
Customer Satisfaction Survey**

Type of Vehicle(s) Rented: _____

Destination: _____

Travel Date(s): _____

**Your input is valuable. Please take a few minutes to complete this evaluation form to help
The *Department of Transportation* improve future service.**

PLEASE SCORE (✓) EACH OF THE FOLLOWING STATEMENTS	Very Satisfied	Satisfied	Neither Satisfied or Dissatisfied	Dissatisfied	Very Dissatisfied
Vehicle Evaluation:					
Cleanliness of Vehicle	○	○	○	○	○
Timeliness (Vehicle Ready)	○	○	○	○	○
Safety	○	○	○	○	○
How would you rate your experience with BSU's Department of Transportation:					
Initial Greeting (Friendly welcome)	○	○	○	○	○
Knowledge of Procedures	○	○	○	○	○
Rental Transaction Process	○	○	○	○	○
Interaction with DOT Representatives	○	○	○	○	○
Vehicle Check In/Out	○	○	○	○	○

What is your overall satisfaction level with our service?

Very Satisfied Satisfied Neither Satisfied or Dissatisfied Dissatisfied Very Dissatisfied

What did you **like best** about our service?

What did you **like least** about our service?

What should be **improved**?

Would you **recommend** our Services?

Suggestions and/or Comments would be appreciated to help us serve you better:

Name _____

Department _____

Office Location _____

Please return completed Evaluation to Transportation Manager Room #107 Facilities Management Building