



**Department of Transportation
Post-Trip Evaluation Form**

Motor Coach Operator: _____

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 trips.**

PLEASE SCORE (✓) EACH OF THE FOLLOWING STATEMENTS	Very Satisfied	Satisfied	Neither Satisfied or Dissatisfied	Dissatisfied	Very Dissatisfied
Motor Coach Evaluation:					
Cleanliness of coach	○	○	○	○	○
Cleanliness of lavatory	○	○	○	○	○
Equipment quality	○	○	○	○	○
Motor Coach Operator Evaluation:					
Courteousness of driver	○	○	○	○	○
Appearance of driver (BSU attire)	○	○	○	○	○
Timeliness (Arrived/Departed on Time)	○	○	○	○	○
Safety	○	○	○	○	○
Knowledge of itinerary	○	○	○	○	○

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 the trip?

What did you **like least** about the trip?

What should be **improved**?

Would you **recommend** our Services?

Suggestions and/or Comments:

Name _____

Department _____

Office Location _____

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