**SURVEY TABLE ON CUSTOMER’S SATISFACTION**

**PART A: RESIDENT INFORMATION**

Respondent: Owner  Tenant/ Renter

Project: Room No:

Full name: Year of birth:

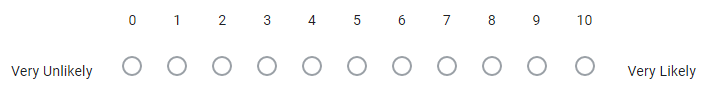
Phone number: Email:

**PART B: THE SURVEY CONTENT**

Please indicate your assessing by checking (√) in to the appropriate column below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **PROPERTY MANAGER (PM)** | **Satisfied** | **Normal** | **Need to improve** | **Unsatisfied** |
| Attitude |  |  |  |  |
| Manner |  |  |  |  |
| Handling the complaints |  |  |  |  |
| Reachable contact |  |  |  |  |
| **Remarks:**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |
| 1. **TECHNICIAN** | **Satisfied** | **Normal** | **Need to improve** | **Unsatisfied** |
| Attitude |  |  |  |  |
| Manner |  |  |  |  |
| Professional skill |  |  |  |  |
| Reachable contact |  |  |  |  |
| **Remarks:**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |
| 1. **RECEPTIONIST/ADMINISTRATION** | **Satisfied** | **Normal** | **Need to improve** | **Unsatisfied** |
| Attitude |  |  |  |  |
| Manner |  |  |  |  |
| Effective in meeting with the requirements |  |  |  |  |
| Reachable contact |  |  |  |  |
| **Remarks:**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |
| 1. **SECURITY** | **Satisfied** | **Normal** | **Need to improve** | **Unsatisfied** |
| Attitude |  |  |  |  |
| Manner |  |  |  |  |
| Support and assistance to residents |  |  |  |  |
| Supervision and prevention of violations |  |  |  |  |
| **Remarks:**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |
| 1. **CLEANING STAFF** | **Satisfied** | **Normal** | **Need to improve** | **Unsatisfied** |
| Attitude |  |  |  |  |
| Manner |  |  |  |  |
| Willing to support and help residents when needed |  |  |  |  |
| **Remarks:**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |
| 1. **HYGIENE QUALITY** | **Satisfied** | **Normal** | **Need to improve** | **Unsatisfied** |
| Corridor area and internal road |  |  |  |  |
| Common utility area |  |  |  |  |
| Parking area |  |  |  |  |
| Common toilet area |  |  |  |  |
| Garbage collection and disposal |  |  |  |  |
| **Remarks:**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |
| 1. **PUBLIC EQUIPMENT** | **Satisfied** | **Normal** | **Need to improve** | **Unsatisfied** |
| Water supply system |  |  |  |  |
| Public lighting system |  |  |  |  |
| Equipment in community activity houses |  |  |  |  |
| Operation of elevator |  |  |  |  |
| Intercom |  |  |  |  |
| **Remarks:**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |
| 1. **PEST CONTROL** | **Satisfied** | **Normal** | **Need to improve** | **Unsatisfied** |
| Effectiveness level |  |  |  |  |
| **Remarks:**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |
| 1. **HOTLINE SERVICE**   *(If you haven’t used this service, please ignore this content)* | **Satisfied** | **Normal** | **Need to improve** | **Unsatisfied** |
| The rapidity in information’s processing |  |  |  |  |
| The effectiveness in receiving and feedback your requirements |  |  |  |  |
| The convenience of using Hotline service |  |  |  |  |
| **Remarks:**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |

**How likely is that you would recommend Anabuki to a friend or colleague?**

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**Would you please give us any suggestions or any comments?**

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**Your signature**

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**Thank you very much for your comments.**