

Charter Feedback Form

Requisition Number _____

In order to ensure that we at Transportation Services provide consistent, safe service that exceeds our customer's expectations, we invite you to complete this short questionnaire about your recent experience using our charter services. If you have any questions about this form or your charter, please feel free to contact us at 763-5743.

This section asks about your experiences when SCHEDULING your charter with Transportation Services.

Please answer the following questions on a scale of one (false) to five (true). Rank as "not applicable" (N/A) if the topic being addressed was not observed during your interaction with Transportation Services.

False ——— Neutral ——— True

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|---|---|---|---|---|-----|---|
| 1 | 2 | 3 | 4 | 5 | N/A | Transportation Services recognized my organization's needs and responded to them in a timely manner. |
| 1 | 2 | 3 | 4 | 5 | N/A | I received consistent information from each person I was in contact with at Transportation Services. |
| 1 | 2 | 3 | 4 | 5 | N/A | Transportation Services contacted my department on at least one occasion to confirm or follow up on my request. |
| 1 | 2 | 3 | 4 | 5 | N/A | I feel I was treated courteously and respectfully throughout the scheduling of this charter. |

This section asks your experiences DURING your charter with Transportation Services.

Please answer the following questions on a scale of one (false) to five (true). Rank as "not applicable" (N/A) if the topic being addressed was not observed during your interaction with Transportation Services.

False ——— Neutral ——— True

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|---|---|---|---|---|-----|---|
| 1 | 2 | 3 | 4 | 5 | N/A | The bus(es) I requested reported at each location on-time and ready to transport my group. |
| 1 | 2 | 3 | 4 | 5 | N/A | Professional, knowledgeable, and courteous behavior was demonstrated by the driver(s) at all times. |
| 1 | 2 | 3 | 4 | 5 | N/A | The driver(s) fulfilled the charter's instructions in a precise and satisfactory manner. |
| 1 | 2 | 3 | 4 | 5 | N/A | The driver(s) exemplified professional and safe driving ability. |

Please check this box if you wish to be contacted by a Transportation Services supervisor in follow-up to this feedback form.

Name of Contact: _____

Department or Group: _____

Phone Number: _____

Best Time to Call: _____

Thank you for taking the time to share your opinions with us. If you have any additional comments or questions we encourage you to write them on this form. Written comments allow us to identify specific areas for improvement so we may provide you with excellent service in the future.

