**MY CONDOMINIUM ASSOCIATION**

 **STAFF SATISFACTION SURVEY**

**Please answer this short survey to help us provide excellent customer service by our staff. Your responses will only be viewed by our Board of Directors**

**Date:**

**Reason for Interaction with Staff (information, lease, sale, payment, keys, work order, problem/issue, other):**

**On a scale of 1-5, with 5 being “very satisfied” and 1 being “very dissatisfied”, rate your interaction with staff on the following items:**

|  |  |
| --- | --- |
|  | **Rating** |
|  | **1** | **2** | **3** | **4** | **5** |
| 1. **Did staff greet you in a friendly manner?**
 |  |  |  |  |  |
| 1. **Did staff introduce themselves?**
 |  |  |  |  |  |
| 1. **Did staff listen and understand the reason for your encounter/interaction?**
 |  |  |  |  |  |
| 1. **Did staff meet your expectations/resolve issue/provide next step(s)?**
 |  |  |  |  |  |
| 1. **Was staff friendly and engaging?**
 |  |  |  |  |  |

**Comments or additional information:**

**Name and phone # (optional, but will help for follow-up if necessary):**

**Name:**

**Unit #: Phone #:**