UC Customer Satisfaction Survey

Questions marked with an asterisk (*) are mandatory.

1. * Name:

2. * Organization

3. * Phone:

4. * Date/Time of your Event
   
   Month: [ ]
   Day: [ ]
   Year: [ ]
   Time: [ ]

5. * Email address:

6. * How did you make your reservation?
   
   - Web
   - Paper/Direct Contact
* Please rate the following:

1. Cleanliness of Meeting Room/Space
   - Superior
   - Excellent
   - Good
   - Fair
   - Poor

2. Ambiance of Room/Space
   - 1
   - 2
   - 3
   - 4
   - 5

3. Quality of Audio/Visual Equipment
   - 1
   - 2
   - 3
   - 4
   - 5

4. Quality of Furnishings/Other Equipment
   - 1
   - 2
   - 3
   - 4
   - 5

5. Experience with the UC Operations Staff
   - 1
   - 2
   - 3
   - 4
   - 5

6. Quality of Food Service
   - 1
   - 2
   - 3
   - 4
   - 5

7. Experience with the Food Service Staff
   - 1
   - 2
   - 3
   - 4
   - 5

8. Ease of Making a Reservation
   - 1
   - 2
   - 3
   - 4
   - 5

9. Experience with the Reservations Staff
   - 1
   - 2
   - 3
   - 4
   - 5

8. If you paid for the room or equipment that you used, how would you rate the price for the value you received?

9. * Would you like a personal response regarding the feedback you just provided?
   - YES
   - NO
10 Please provide any additional information that will help us improve our service to clients in the future.