

**You are**

Faculty  Staff  Student

**Information**

Department (if applicable)

**Facility Name****Describe your contacts with the Custodial Services Staff.**

Daily  Weekly

**How would you rate your current service provided by the Custodial Services Department?**

Very Good  Good  Poor

**Are the Custodial Personnel who service your area(s):**

	All the time	Most of the time	Seldom
Professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consistent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courteous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**In your opinion, how does this department respond to cleaning requests?**

Promptly  In a reasonable time  After an unreasonable time  Request are often ignored

**How would you rate the overall condition of this facility in terms of cleanliness?**

Very Good  Good  Marginal  Poor

**Office Cleaning Frequency:**

Excellent  Good  Need Improvement

**Restrooms:**

**How well cleaned are the restrooms in your area?**

Very Clean  Fairly Clean  Poorly Cleaned

**How often are carpets vacuumed?**

Once Weekly  Twice Weekly  Never

**What improvements can we make?**

Submit form