

Handyperson

Client satisfaction questionnaire



At Origin Care and Repair we are keen to ensure that the service we provide is as good as we can make it to help our clients.

Please complete the questionnaire below and return to the following address or ask your handyperson for a freepost envelope. If you need help completing the form, please call 020 7284 5450.

Origin Care and Repair, 8 Nora Leverton Court,
Randolph Street, NW1 0TS

Handyperson's Name: _____

Date and time of appointment: _____

Your Name (optional) _____

Address (optional) _____

All information provided will be treated as confidential


origin HOUSING

Every month we raffle £10 shopping vouchers amongst the returned questionnaires.
By completing this form you will get a chance of winning one of these.

Feedback

1. Did Handyperson arrive on time for appointment

Yes

No

2. How would you rate the handyperson's

a. Speed of Work?

Excellent

Average

Good

Poor

b. Tidiness?

Excellent

Average

Good

Poor

c. Quality

Excellent

Average

Good

Poor

d. Attitude?

Excellent

Average

Good

Poor

3. Was the handyperson able to resolve your problem?

Yes

No

4. Do you think the service is good value for money?

Yes

No

5. If the handyperson was unable to complete jobs required, were they able to make recommendations?

Yes

No

N/A – the job was resolved

6. Did the handyperson service improve your quality of life?

Yes

No

7. Was the information that you were provided with about the service clear and accurate?

Yes

No

8. If safety check/ works completed, do you now have a reduced fear of crime following the works?

Yes

No

N/A

9. If offered, did you find the energy efficiency information useful?

Yes

No

N/A

10. Do you feel the works and information has helped reduce your risk of falls, accidents or injury?

Yes

No

N/A

11. If no to any of the above questions, please comment

12. What other types of jobs would you like us to be able to perform?

13. Do you have any other comments you wish to make about our service?

Thank you for your help

Signature: _____

Date: _____

Please get in touch if you would like to discuss any aspect of the service further on 020 7284 5450.

If you would like this document in large print, braille, CD or on tape please contact your area office.

If you need this document translated please contact your area office.

এই ডকুমেন্ট (প্রমাণপত্র) যদি আপনার অনুবাদ করানোর প্রয়োজন হয় তাহলে আপনার এরিয়া অফিস, স্কিম ম্যানেজার অথবা সাপোর্ট ওয়ার্কাকে অনুগ্রহ করে যোগাযোগ করুন।

Bengali

如果你需要我們把本文件翻譯成中文，請向就近的地區辦事處、計劃經理 (Scheme Manager) 或支援員工 (Support Worker) 提出要求。

Cantonese

Εάν χρειάζεστε μετάφραση αυτού του εγγράφου, παρακαλούμε να επικοινωνήσετε με το γραφείο της περιοχής σας ή το Διευθυντή Προγράμματος ή τον Υπεύθυνο Υποστήριξης.

Greek

Haddii aad u baahan tahay in dokumentigaan lagu turjimo fadlan la xiriir sarkaalka aaggaaga, Maamulaha Nidaamka (Scheme Manager) ama Hawlwadeenka Taageerida (Support Worker).

Somali

Si necesita la traducción de este folleto, póngase en contacto con la oficina de su zona, con el Gerente de la Urbanización o con el Trabajador de Apoyo.

Spanish

Bu dökümanın tercüme edilmesine ihtiyacınız varsa, lütfen yöre ofisinizin Proje Yöneticisi veya Destek Memuru'yla temas kurun.

Turkish

إذا أردت ترجمة لهذه الوثيقة، فيرجى الاتصال بمدير البرنامج أو موظف الدعم في مكتب المنطقة التابع لك.

Arabic

ئەطەر وئىستت ئەم بەلپەنامەيەت بۆ تەرجومە بکرىت تەيوانەندى بکە بە بەريۆتەبەرى ئرۇطرام ياخود بە کارکەرى ئشتتپيرى لە ئوفيسى سەر بە ناوۆتەکەت

Kurdish

اس کتابچے کا ترجمہ اگر آپ کو درکار ہو تو برائے مہربانی اپنے ایریا آفس کے اسکیم مینیجر یا سپورٹ ورکر سے رابطہ کریں۔

Urdu