

## 3-MINUTE

# RESIDENT SATISFACTION SURVEY

Please help us to improve our services by completing this short survey. We appreciate your time and effort and will be acting on the feedback that you give us.

### 1

#### OVERALL SATISFACTION

**Overall**, how satisfied are you with the services provided by Leathermarket JMB?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2

#### CUSTOMER SERVICE

**Overall**, how satisfied are you with the politeness and respectfulness of staff when you contact the JMB?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you reported an incident of Anti-Social Behaviour to the JMB in the last 12 months?

**YES**

**NO**

**If yes**, how satisfied are you with the way that the issue was handled?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you contacted the JMB by email for any reason in the last 12 months?

**YES**

**NO**

**If yes**, how satisfied were you with...

...the **speed** of the response?

...the **quality** of the response?

...the **follow-up action** (if needed)?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3

#### REPAIRS

Have you requested a repair (personal **or** communal) in the last 12 months?

**YES**

**NO**

**If yes**, how satisfied were you with...

...the **time taken to complete** the repair?

...the **quality** of the repair?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 4 MAJOR WORKS

Have you had major works on your estate in the last 2 years?

YES

NO

If yes, how satisfied were you with...

...the **planning** process?

...**on-site** management?

...the **finished** works?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 5 ESTATE CLEANING AND GARDENING

How satisfied were you with...

...the **cleaning** service on your estate?

...the **gardening** service on your estate?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 6 RESIDENT INVOLVEMENT

How satisfied are you with the opportunities available for you to **get involved** with the running of your estate?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 7 OUTSTANDING ISSUES

Do you have any outstanding issues that you would like the JMB to address?

If yes, please provide details, your address, and a daytime contact number in the space below:

## 8 ADDITIONAL INFORMATION

Name one thing that the JMB could improve, and one thing that you think we do well.

Are you a...

council tenant

leaseholder

private tenant

NAME (optional)

ADDRESS

DATE