



MILLICARE QUALITY ASSURANCE SURVEY

From:
Name: _____ Phone: _____

Company Name: _____

Address: _____

City, State Zip: _____

Completion Date of Clean: _____

MilliCare Textile and Carpet Care has completed your scheduled service in accordance with your schedule.

Having completed our work at your facility, we ask you to please rate the quality of our services. Everyone at MilliCare encourages and appreciates your feedback, as it is our most valuable tool in meeting your needs. Our Company, like yours, strives to maintain the highest standards Thank you, in advance, for helping us to serve you better.

	<u>Points (Circle One)</u>
Excellent (Exceeded all expectations, very satisfied with service)	5
Very Good (Met expectations, satisfied with service)	4
Good (Average service performed, request to be contacted by MilliCare)	3
Fair (Service below expectations, request to be contacted by MilliCare)	2
Poor (Completely dissatisfied with service, immediate follow-up visit required)	1

Comments:

Signature: _____ Date: _____

Print Name: _____

Please fax your Quality Assurance Survey within 7 days to
MilliCare Textile and Carpet Care **704-423-0264**
or e-mail to cfsadmin@millicare.net.

Clean Working Clean Living