



www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

TAYLOR

RECEIVED  
JUL 27 2021

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

**OVERALL**

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremly Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

- |               |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
|               | <b>Very Poor</b>           |                            |                            |                            |                            |                            |                            |                            |                            | <b>Excellent</b>                       |
| Overall       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Courteous     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |





www.wnyplumbing.com

Thanks!

Mike

4425 Walden Avenue  
Lancaster, NY 14086

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JUL 27 2021

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Definitely Will Recommend

7. Please rate the telephone representative on the following:

- |               | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            | Excellent                              |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Overall       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Courteous     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?  
**Very Poor**       1    2    3    4    5    6    7    8    9    10      **Excellent**
9. What day was your service scheduled for? ("**X**" ALL THAT APPLY)  
 Same day I called       Two days after I called       Longer than three days after I called  
 The day after I called       Three days after I called
10. Generally, on which one day of the week would you prefer service?  
 Sun.    Mon.    Tues.    Wed.    Thurs.    Fri.    Sat.    No particular day
11. Generally, what time of day would you prefer service?  
 Morning    Afternoon    Evening (after 5p.m.)    No particular time
12. Were you contacted by phone to confirm the appointment?    Yes    No

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                              | Very Poor   | Excellent                                       |
|------------------------------|---|---|
| <b>Professionalism</b>       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |   |
| <b>Knowledgeable</b>         | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |   |
| <b>Explanation of Repair</b> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 | <b>Did Not Explain</b> <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home?    Yes (**SKIP TO Q.16**)    No (**CONTINUE**)
- 14b. If no, was it because? ("**X**" ALL THAT APPLY)  
 a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?  
 Same Day    1-3 days    4-6 days    7-8 days    More than 8 days    Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status?    Yes    No    Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?  
**Extremely Dissatisfied**       1    2    3    4    5    6    7    8    9    10      **Extremely Satisfied**

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- |                                   | Very Poor   | Excellent |
|-----------------------------------|---|-----------|
| <b>Trustworthiness</b>            | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |           |
| <b>Standing Behind Their Work</b> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |           |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

*We have used WNY Plumbing for about 20 years*

If you would like us to call you, please fill in your telephone number: (\_\_\_\_) \_\_\_\_\_

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



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4425 Walden Avenue  
Lancaster, NY 14086

RECEIVED  
JUL 28 2021  
*Mike  
Thanks!  
Barrett*

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

**OVERALL**

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied    1   2   3   4   5   6   7   8   9   10    Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations    1   2   3   4   5   6   7   8   9   10    Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal    1   2   3   4   5   6   7   8   9   10    Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time    1   2   3   4   5   6   7   8   9   10    Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend    1   2   3   4   5   6   7   8   9   10    Definitely Will Recommend

7. Please rate the telephone representative on the following:

- |               |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
|               | <b>Very Poor</b>           |                            |                            |                            |                            |                            |                            |                            |                            | <b>Excellent</b>                       |
| Overall       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Courteous     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

(OVER)



## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?  
**Very Poor**  1  2  3  4  5  6  7  8  9  10 **Excellent**
9. What day was your service scheduled for? ("**X**" ALL THAT APPLY)  
 Same day I called  Two days after I called  Longer than three days after I called  
 The day after I called  Three days after I called
10. Generally, on which one day of the week would you prefer service?  
 Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  No particular day
11. Generally, what time of day would you prefer service?  
 Morning  Afternoon  Evening (after 5p.m.)  No particular time
12. Were you contacted by phone to confirm the appointment?  Yes  No
- We selected the date due to travel schedule*

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                       | Very Poor   | Excellent |  |
|-----------------------|---|-----------|--|
| Professionalism       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |           |  |
| Knowledgeable         | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |           |  |
| Explanation of Repair | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |           | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)
- 14b. If no, was it because? ("**X**" ALL THAT APPLY)  
 a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?  
 Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status?  Yes  No  Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?  
**Extremely Dissatisfied**  1  2  3  4  5  6  7  8  9  10 **Extremely Satisfied**

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- |                            | Very Poor   | Excellent |
|----------------------------|---|-----------|
| Trustworthiness            | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |           |
| Standing Behind Their Work | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |           |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

We've had Mike for many years & he has always been excellent!

If you would like us to call you, please fill in your telephone number: (\_\_\_\_) \_\_\_\_\_

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



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4425 Walden Avenue  
Lancaster, NY 14086

Ricky

RECEIVED  
JUL 27 2021

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Google
- Other
- Friend
- Used us Before
- Billboard
- Logo on Truck

**OVERALL**

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied    1   2   3   4   5   6   7   8   9   10    Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations    1   2   3   4   5   6   7   8   9   10    Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal    1   2   3   4   5   6   7   8   9   10    Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time    1   2   3   4   5   6   7   8   9   10    Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend    1   2   3   4   5   6   7   8   9   10    Definitely Will Recommend

7. Please rate the telephone representative on the following:

- |               | Very Poor                  |                            |                            |                            |                            |                            |                            |                            | Excellent                             |  |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|--|
| Overall       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10            |
| Courteous     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9            | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9            | <input checked="" type="checkbox"/> 10 |

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience? Excellent
- Very Poor  1  2  3  4  5  6  7  8  9  10
9. What day was your service scheduled for? ("X" ALL THAT APPLY)
- Same day I called  Two days after I called  Longer than three days after I called
- The day after I called  Three days after I called
10. Generally, on which one day of the week would you prefer service?
- Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  No particular day
11. Generally, what time of day would you prefer service?
- Morning  Afternoon  Evening (after 5p.m.)  No particular time
12. Were you contacted by phone to confirm the appointment?  Yes  No

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                       | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            |  | Excellent                                |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |  |
| Knowledgeable         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |  |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)
- a part had to be ordered
- the technician could not fix or determine the problem and needed assistance
- the product failed again shortly after the first visit
- the product needed to be replaced or the technician determined the product is unrepairable
- Other \_\_\_\_\_
- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?
- Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status?  Yes  No  Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?
- | Extremely Dissatisfied | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Extremely Satisfied |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|---------------------|

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- |                            | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            |  | Excellent |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Trustworthiness            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |           |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |           |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (\_\_\_\_) \_\_\_\_\_

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



Mike



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1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper       Friend       Billboard
- Google       Used us Before       Logo on Truck
- Other

**OVERALL**

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied       1    2    3    4    5    6    7    8    9    10      Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations       1    2    3    4    5    6    7    8    9    10      Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal       1    2    3    4    5    6    7    8    9    10      Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time       1    2    3    4    5    6    7    8    9    10      Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend       1    2    3    4    5    6    7    8    9    10      Definitely Will Recommend

7. Please rate the telephone representative on the following:

- |               | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            | Excellent                              |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Overall       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Courteous     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

(OVER)





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1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

*WNY Plumbed home when built.*

**OVERALL**

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied  1  2  3  4  5  6  7  8  9  10
- Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations  1  2  3  4  5  6  7  8  9  10
- Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal  1  2  3  4  5  6  7  8  9  10
- Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time  1  2  3  4  5  6  7  8  9  10
- Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend  1  2  3  4  5  6  7  8  9  10
- Definitely Will Recommend

7. Please rate the telephone representative on the following:

- |               | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            | Excellent                              |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Overall       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Courteous     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

(OVER)







www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

**OVERALL**

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied    1   2   3   4   5   6   7   8   9   10    Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations    1   2   3   4   5   6   7   8   9   10    Far Exceeded Your Expectations

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|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|--|
| Overall       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10            |
| Courteous     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9            | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10            |







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7. Please rate the telephone representative on the following:

- |               |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |                  |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|------------------|
|               | <b>Very Poor</b>           |                            |                            |                            |                            |                            |                            |                            |                            |  | <b>Excellent</b> |
| Overall       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |                  |
| Courteous     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |                  |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |                  |





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**OVERALL**

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- Extremely Dissatisfied
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Far Exceeded Your Expectations

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- 5
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- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
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- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Definitely Will Recommend

7. Please rate the telephone representative on the following:

- |               | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            |  | Excellent |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Overall       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |           |
| Courteous     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |           |
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- Checkboxes for Newspaper, Friend, Billboard, Google, Used us Before, Logo on Truck, Other.

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Scale from 1 (Extremely Dissatisfied) to 10 (Extremely Satisfied). 10 is checked.

3. To what extent did this repair service meet your expectations?

- Scale from 1 (Fell Far Below Your Expectations) to 10 (Far Exceeded Your Expectations). 10 is checked.

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Scale from 1 (Very Far From Your Ideal) to 10 (Matches Your Ideal). 10 is checked.

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Scale from 1 (Definitely Will Not Use Next Time) to 10 (Definitely Will Use Next Time). 10 is checked.

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Scale from 1 (Definitely Will Not Recommend) to 10 (Definitely Will Recommend). 10 is checked.

7. Please rate the telephone representative on the following:

- Rating scale for Overall, Courteous, and Knowledgeable from 1 (Very Poor) to 10 (Excellent). 10 is checked for all three.





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1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Checkboxes for Newspaper, Friend, Billboard, Google, Used us Before, Logo on Truck, and Other (checked).

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Scale from 1 (Extremely Dissatisfied) to 10 (Extremely Satisfied). 8 is checked.

3. To what extent did this repair service meet your expectations?

- Scale from 1 (Fell Far Below Your Expectations) to 10 (Far Exceeded Your Expectations). 8 is checked.

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Scale from 1 (Very Far From Your Ideal) to 10 (Matches Your Ideal). 8 is checked.

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Scale from 1 (Definitely Will Not Use Next Time) to 10 (Definitely Will Use Next Time). 9 is checked.

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Scale from 1 (Definitely Will Not Recommend) to 10 (Definitely Will Recommend). 9 is checked.

7. Please rate the telephone representative on the following:

- Rating scale from Very Poor to Excellent for Overall, Courteous, and Knowledgeable. Overall: 10 checked. Courteous: 10 checked. Knowledgeable: 10 checked.

(OVER)





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**OVERALL**

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6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend    1   2   3   4   5   6   7   8   9   10    Definitely Will Recommend

7. Please rate the telephone representative on the following:

- |               | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            |  | Excellent |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Overall       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |           |
| Courteous     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |           |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |           |



## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?  
Very Poor  1  2  3  4  5  6  7  8  9  10 Excellent
9. What day was your service scheduled for? ("X" ALL THAT APPLY)  
 Same day I called  Two days after I called  Longer than three days after I called  
 The day after I called  Three days after I called
10. Generally, on which one day of the week would you prefer service?  
 Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  No particular day
11. Generally, what time of day would you prefer service?  
 Morning  Afternoon  Evening (after 5p.m.)  No particular time
12. Were you contacted by phone to confirm the appointment?  Yes  No

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                       | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            | Excellent                              |  |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |  |
| Knowledgeable         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |  |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)  
 a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?  
 Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status?  Yes  No  Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?  
Extremely Dissatisfied  1  2  3  4  5  6  7  8  9  10 Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- |                            | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            | Excellent                              |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Trustworthiness            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

*Sean was professional & competent, unlike the last person who came to my house.*

If you would like us to call you, please fill in your telephone number: (\_\_\_\_) \_\_\_\_\_

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



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- Newspaper
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- Logo on Truck
- Other

**OVERALL**

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied    1   2   3   4   5   6   7   8   9   10    Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations    1   2   3   4   5   6   7   8   9   10    Far Exceeded Your Expectations

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- Definitely Will Not Use Next Time    1   2   3   4   5   6   7   8   9   10    Definitely Will Use Next Time

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- Definitely Will Not Recommend    1   2   3   4   5   6   7   8   9   10    Definitely Will Recommend

7. Please rate the telephone representative on the following:

- |               |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |                  |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|------------------|
|               | <b>Very Poor</b>           |                            |                            |                            |                            |                            |                            |                            |                            |  | <b>Excellent</b> |
| Overall       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |                  |
| Courteous     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |                  |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |                  |

## QUESTIONS ABOUT SCHEDULING

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**Very Poor**  1  2  3  4  5  6  7  8  9  10 **Excellent**
9. What day was your service scheduled for? ("X" ALL THAT APPLY)  
 Same day I called  Two days after I called  Longer than three days after I called  
 The day after I called  Three days after I called *Don't remember*
10. Generally, on which one day of the week would you prefer service?  
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11. Generally, what time of day would you prefer service?  
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12. Were you contacted by phone to confirm the appointment?  Yes  No

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                       | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            | Excellent                              |  |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |  |
| Knowledgeable         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |  |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
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 the technician could not fix or determine the problem and needed assistance  
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16. How satisfied or dissatisfied were you with the time needed to complete the repair?  
**Extremely Dissatisfied**  1  2  3  4  5  6  7  8  9  10 **Extremely Satisfied**

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- |                            | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            | Excellent                   |     |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-----|
| Trustworthiness            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | N/A |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | N/A |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (\_\_\_\_) \_\_\_\_\_

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- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

**OVERALL**

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- Extremely Dissatisfied    1   2   3   4   5   6   7   8   9   10    Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations    1   2   3   4   5   6   7   8   9   10    Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal    1   2   3   4   5   6   7   8   9   10    Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time    1   2   3   4   5   6   7   8   9   10    Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend    1   2   3   4   5   6   7   8   9   10    Definitely Will Recommend

7. Please rate the telephone representative on the following:

- |               |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |                  |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|------------------|
|               | <b>Very Poor</b>           |                            |                            |                            |                            |                            |                            |                            |                            |  | <b>Excellent</b> |
| Overall       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |                  |
| Courteous     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |                  |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |                  |









www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Google
- Other
- Friend
- Used us Before
- Billboard
- Logo on Truck

**OVERALL**

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied    1   2   3   4   5   6   7   8   9   10    Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations    1   2   3   4   5   6   7   8   9   10    Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

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- Definitely Will Not Use Next Time    1   2   3   4   5   6   7   8   9   10    Definitely Will Use Next Time

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- Definitely Will Not Recommend    1   2   3   4   5   6   7   8   9   10    Definitely Will Recommend

7. Please rate the telephone representative on the following:

- |               | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            | Excellent                              |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Overall       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Courteous     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |





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1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

**OVERALL**

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremly Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

- |               | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            | Excellent                              |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Overall       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Courteous     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?  
**Very Poor**     1    2    3    4    5    6    7    8    9    10    **Excellent**
9. What day was your service scheduled for? ("X" ALL THAT APPLY)  
 Same day I called     Two days after I called     Longer than three days after I called  
 The day after I called     Three days after I called  
*at my request*
10. Generally, on which one day of the week would you prefer service?  
 Sun.    Mon.    Tues.    Wed.    Thurs.    Fri.    Sat.    No particular day
11. Generally, what time of day would you prefer service?  
 Morning    Afternoon    Evening (after 5p.m.)    No particular time
12. Were you contacted by phone to confirm the appointment?    Yes    No

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                       | Very Poor                | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                                  | Excellent                                |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|
| Professionalism       | <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 checked="" type="checkbox"/> |  |
| Knowledgeable         | <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 checked="" type="checkbox"/> |  |
| Explanation of Repair | <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 checked="" type="checkbox"/> | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home?    Yes (**SKIP TO Q.16**)    No (**CONTINUE**)
- 14b. If no, was it because? ("X" ALL THAT APPLY)  
 a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_
- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?  
 Same Day    1-3 days    4-6 days    7-8 days    More than 8 days    Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status?    Yes    No    Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?  
**Extremely Dissatisfied**     1    2    3    4    5    6    7    8    9    10    **Extremely Satisfied**

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- |                            | Very Poor                | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                                  | Excellent |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-----------|
| Trustworthiness            | <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 checked="" type="checkbox"/> |           |
| Standing Behind Their Work | <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 checked="" type="checkbox"/> |           |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

*CONTINUE to be extremely satisfied with 1 WNY Plumbing service & professionalism thanks!!!*

If you would like us to call you, please fill in your telephone number: (\_\_\_\_) \_\_\_\_\_

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



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1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Checkboxes for Newspaper, Friend, Billboard, Google, Used us Before, Logo on Truck, Other.

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Scale from 1 (Extremely Dissatisfied) to 10 (Extremely Satisfied). 10 is checked.

3. To what extent did this repair service meet your expectations?

- Scale from 1 (Fell Far Below Your Expectations) to 10 (Far Exceeded Your Expectations). 10 is checked.

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Scale from 1 (Very Far From Your Ideal) to 10 (Matches Your Ideal). 10 is checked.

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Scale from 1 (Definitely Will Not Use Next Time) to 10 (Definitely Will Use Next Time). 10 is checked.

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Scale from 1 (Definitely Will Not Recommend) to 10 (Definitely Will Recommend). 10 is checked.

7. Please rate the telephone representative on the following:

- Rating scales for Overall, Courteous, and Knowledgeable from 1 (Very Poor) to 10 (Excellent).







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- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

**OVERALL**

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied    1   2   3   4   5   6   7   8   9   10    Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations    1   2   3   4   5   6   7   8   9   10    Far Exceeded Your Expectations

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5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time    1   2   3   4   5   6   7   8   9   10    Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend    1   2   3   4   5   6   7   8   9   10    Definitely Will Recommend

7. Please rate the telephone representative on the following:

- |               | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            |  | Excellent |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Overall       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |           |
| Courteous     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |           |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |           |

(OVER)

