

Inspection Ref:



## **BUILDING CONTROL SERVICES**

### **CUSTOMER SATISFACTION QUESTIONNAIRE** **ON THE BUILDING REGULATION INSPECTION SERVICE**

In an effort to improve our service and to meet the needs of our customers, I would be obliged if you would take a few moments to complete the following questionnaire. It is related to the service provided by the Council's Building Control Division during the **inspection of works** recently completed under the Building Regulations.

**If you were not the person who organised the works on site, please forward this to the person concerned.**

Indicate whether you were the Applicant  or Agent

**Please tick the relevant box**

|  | <b>Excellent</b>         | <b>Very Good</b>         | <b>Good</b>              | <b>Average</b>           | <b>Poor</b>              | <b>Very Poor</b>         |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Ease of contact/availability of Building Control staff  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Time taken to respond to your request for inspection  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Helpfulness of staff  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Quality of advice/information   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Your overall opinion of the service   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you feel you have received value for money?  |                          |                          |                          |                          | YES/NO                   |                          |
| 7. Do you feel the Service could be improved?<br>(please provide comments overleaf)  |                          |                          |                          |                          | YES/NO                   |                          |
| 8. As part of Best Value we have set up a Focus Group.<br>Would you be interested in being a member of the Group?<br>(please provide details overleaf) |                          |                          |                          |                          | YES/NO                   |                          |

**Comments** (all comments will be treated confidentially)

If you require a reply to your comments please tick the box

|   |
|---|
| <p><u>Focus Group Details</u></p> <p>Name: -----</p> <p>Address: -----</p> <p>-----</p> <p>-----</p> <p>Telephone: -----</p> <p>E-mail-----</p> |
|---|

**Thank you for taking the time to complete this questionnaire.**