

BUILDING CONTROL SERVICES

CUSTOMER SURVEY ON IMPROVEMENTS/CHANGES MADE TO THE BUILDING CONTROL SERVICE IN THE LAST 12 MONTHS

In order to establish if the recent improvements/changes to the Building Control Service have proved useful to our customers and to aid us in continually improving our service, I would be obliged if you would take a few moments to complete the following questionnaire.

Indicate whether you were the Applicant or Agent

Please tick the relevant box

	Excellent	Very Good	Good	Average	Poor	Very Poor
1. Methods of communicating with Building Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Location of Building Control Office (please state which office)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Usefulness of application information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How would you rate the clarity of any letters/guidance received	<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. When using the Building Control Service, do you feel you have received value for money?	YES/NO					
7. Have you had reason to complain about the Building Control Service in the last 12 month? (please provide comments overleaf)	YES/NO					
8. As part of Best Value we have set up a Focus Group. Would you be interested in being a member of the Group? (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

Focus Group Details

Name: -----

Address: -----

Telephone: -----

E-mail-----

Thank you for taking the time to complete this questionnaire.