State of Vermont

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Project Name Here

Customer Satisfaction Survey

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared By: Your Name

Date of Publication: mm/dd/yyyy

# Message for stakeholder receiving survey:

We recently completed the (PROJECT NAME HERE) project. You were a major stakeholder and we value your opinion regarding your overall satisfaction with the services and/or products received, as well as our performance along the way. It’s feedback from you that helps us continually improve delivery of our services and better understand the individual performances that might have otherwise gone unrecognized.

Could you please take a minute to let us know how we did? Simply enter a number between 1 and 5 in the appropriate rows below and add any additional comments or recognition as well. Once completed, you can return it via email or send a printed copy through the State’s interoffice mail system (aka “pink mail”) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Thank you in advance for your time,

The Project Management Team

# Rating Scale

(1) ------------------------------------- (3) ---------------------------------- (5)

Very Dissatisfied Neutral Very Satisfied

|  |  |
| --- | --- |
| WHAT we delivered – How satisfied were you with: | Rating |
|  |  |
| **Usability** – having immediate access to get started |  |
| **Reliability** – consistently available once turned over to you  |  |
| **Response time** – same or better, but not worse |  |
| **Quality** - amount of problems encountered |  |
| **Ease of use** – received adequate instructions/training |  |
| **User documentation –** left with what you needed and/or instruction to locate it if needed |  |
| **Security –** confidence in data and systems integrity |  |
| **Value** **of Deliverables** – sense of improvement and/or opportunities for new efficiencies |  |
| **Additional Comments on – WHAT we Delivered:** |
| HOW we delivered – How satisfied were you with: | Rating |
|  |  |
| **Communications** – appropriate, accurate, timely, and kept updated on events |  |
| **Scope** – were your project objectives and requirements met |  |
| **Timeliness** - our ability to meet the deadlines we agreed to |  |
| **Budget** – appropriately estimated and managed |  |
| **Issue** – resolved timely and to your satisfaction |  |
| **Risks –** identified appropriately with sound strategies to address each |  |
| **Knowledgeable –** confident the information provided and actions taken were best practice  |  |
| **Accountability** – met the commitments made, took ownership of challenges encountered |  |
| **Professionalism** – courteous, sensitive to gaps between business and technology |  |
| **Flexibility** – needs throughout the project were accommodated appropriately |  |
| **Partner** – happy to do business again with all parties involved |  |
| **Additional Comments on – HOW we Delivered:** |

|  |
| --- |
| Individuals you want to recognize: |
| **Name** | **Feedback** |
|  |  |
|  |  |
|  |  |

**Name** (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_