

5-STAR CLIENT SURVEY

Our goal is to provide exceptional cleaning and service.

Your feedback will be used for staff evaluation, training and development and to ensure that we consistently exceed your expectations.

Client Name: _____ **Address:** _____

Did your cleaning associate arrive on time? **Yes** **No** **Unsure**

Please rank our service in each of the following areas (by placing a tick mark in the box provided). If we were not exceptional please tell us what we can improve for the next visit.

	Not Applicable	Poor	Good	Exceptional	Comments/Areas of improvement
Communication/Dealing with Office/Management team					
Kitchen					
Entry/Exit/Stairwell/Hallway					
Half Bathroom/Powder Room					
Living Room					
Dining Room					
Family Room					
Bedrooms					
Hall/Common Bathroom					
Master Bedroom					
Master Bathroom					
Office					
Laundry					
Extra Tasks Performed today (ie. Stove cleaning, windows, fridge)					
Task 1: _____					
Task 2: _____					

Would you recommend LUSTRE? **Yes** **No**

Additional Comments: _____

Thank you for taking the time to complete the LUSTRE 5-Star Client Survey. We greatly appreciate your feedback.

Please return the survey by: fax: 416-482-2464 via mail: LUSTRE, 9 Glencairn Ave. Toronto, ON, M4R 1M6 via email: info@LustreServices.com