

Plan Vet Ref:



**BUILDING CONTROL SERVICES**

**CUSTOMER SATISFACTION QUESTIONNAIRE**  
**ON THE BUILDING REGULATION PLAN EXAMINATION 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 Service whilst dealing with your recent Application made under the Building Regulations 2000.

Indicate whether you were the Applicant  or Agent

**Please tick the relevant box**

	Excellent	Very Good	Good	Average	Poor	Very Poor
1. Time taken to acknowledge receipt of your application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Time taken to process your Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Helpfulness and availability of Staff to discuss your Application	<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. Do you feel you have received value for money?					YES/NO	
7. Do you feel the Service could be improved? (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: -----

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Telephone: -----

E-mail-----

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