



## HOW ARE WE DOING?\*

ProfisService Unternehmensgruppe is committed to providing you with the best service possible. Please take a moment to address the following questions to help us better improve our business.

Surname, given Name:			
Address Line 2 / Street:			
Address Line 3 / Zip Code:		Work/Cell Phone:	
Town, City, Village:		Home Phone:	
E-mail:			
How did you hear about us:			

Please call our office with any questions. Thank you for helping us; build a better business so that we can pass that on to you!

\*If you have a cleaning problem area that needs to be addressed, please be sure to contact us by phone within 24 hours so that we can fix the problem as per our guarantee.

Did we provide a cleaning checklist?  Yes  No

Did we arrive in the time specified?

Right On Time  You Were Late  You were Early

Were we professional in our appearance?

Clothing Suitable  Arrived Dirty  Dressed Inappropriate

Were we thorough in every cleaning detail?

Yes  Missed a Few Areas  Not At All

Were we friendly/polite?

Always  Too Quiet To Notice  Made Rude Comments

Were our fees reasonable?

You Are Worth More  Just Right  A Little High  Too High

How would you rate the quality of our service?

Consistent high quality  Generally good  Quality varies  Poor quality

Is there anything we can do to improve?

No, you are perfect  Yes (Please describe in following line)

Comments/Suggestions

Would you like us to send information to a friend/neighbor about our services?

Name/Address: \_\_\_\_\_

May we use you as a reference?

Yes, prospective clients may call  Yes, contact through email only  No, thank you



## BREAKAGE / DAMAGE REPORT

Please note that employees are not authorized to settle any damage reports. Please only speak to the management office regarding any damages.

Date of Incident

Reported By

Client's Name

Client's Address

**Describe Item damaged or broken:**

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**Describe how Item was broken or damaged:**

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Did anyone witness the incident?

Yes  No      Witness Name: \_\_\_\_\_

Has the Client been notified of incident?

Yes  No

Is the item replaceable?

Yes  No      If yes, replacement value: EUR \_\_\_\_\_

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**Signature of Employee and/or Witness**

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**To be completed by management only**

Has a replacement been found?

Yes  No      If yes, replacement value EUR \_\_\_\_\_

Has the incident been reported to insurance company?

Yes  No

Has a value been paid to client?

Yes  No      If yes, value paid EUR \_\_\_\_\_

Has the incident been resolved?

Yes  No      If yes, please describe in following lines

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