UR-SCM-007

SUB-CONTRACTOR FEEDBACK FORM

Making the relationship better for both of us will only take a tick!

Thank You!

How satisfied are you with the following: (place a clear X in each box)	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
Service over the phone	☐	☐	☐	☐	☐
Service via the Contractor Web Portal	☐	☐	☐	☐	☐
Advice provided on the question you had	☐	☐	☐	☐	☐
The level of support given by Urban Risk	☐	☐	☐	☐	☐
Your experience with Urban Risk staff	☐	☐	☐	☐	☐
Your experience with Urban Risk systems	☐	☐	☐	☐	☐
Your experience with Urban Risk client/s	☐	☐	☐	☐	☐

	Yes	No
We are always looking for great team members, so would you recommend any others to work with Urban Risk?	☐	☐

If Yes, who should we contact?

Name: .....

Phone: .....

Name: .....

Phone .....

	Yes	No	If Yes, what was the Job #
Did you experience difficulties with a particular Urban Risk job? (please provide details below)	☐	☐	
Did you experience difficulties with a particular Urban Risk process?	☐	☐	(If Yes, please provide details below)

We welcome any additional comments or suggestions you may have that can help us improve how we can assist you better:

Name:

Address:

Suburb:

State: Post Code:

Email:

Phone: H

Phone: Mob

Urban Risk Office Use Only

Date Received

Actioned by

Action Taken

Date Reviewed

Reviewed by