



Satisfaction Note

Customer Details

Name:

Address:

Post Code:

Claim Reference:

Date Started:

Date Completed:

Type of Damage:

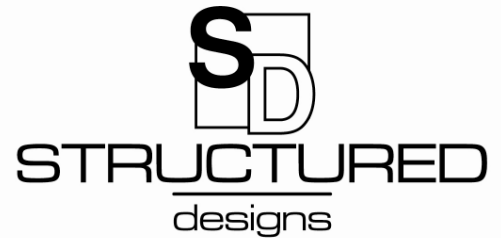
We are satisfied with the above work completed. I/We instruct the insurance company to pay the invoiced amount directly to Structured Designs Ltd. I/We confirm payment of £ , being the amount of the policy excess applicable, has been made by me/us to Structured Designs Ltd.

Signed:

Printed:

Date:

Satisfaction Note



Claim Reference:

Policy Holder:

Address:

Post Code:

In order to evaluate and improve our service, could you please complete the section below by adding the applicable number to the boxes.

5 – Very Pleased 4 – Pleased 3-Satisfied 2 – Dissatisfied 1 - Very Dissatisfied

Our Staff

	Attitude towards your needs.	Availability of contact	Overall Opinion	Comments
Management Staff				
Site Staff				

Our Company

	Rating	Comments
Quality of work		
Confidence in the work being undertaken correctly		
Cleanliness of site throughout renovation		
Overall opinion		

If you were pleased with any particular individual please advise their name: _____

Can we use your comments for marketing purposes? YES/NO (Please Delete)

If you have any other comments or suggestions for improvements, please provide in the space below;

Signed:

Date