Resident Satisfaction Survey

Apartment Complex: _____
Your Name: _____
Address-Unit Number _____
Date:(MM/DD/YY) _____

Quality Property Management would like your honest feedback about how we are doing. We strive to provide a safe, comfortable living experience for all of our tenants and constantly work to improve the quality of our service through feedback from our tenants. We greatly appreciate your time in answering the questions below to help us achieve our goals. Please fill out this on-line response. We would appreciate your honest and open opinion.

Thank you for your time and consideration.

Check the appropriate number to indicate your level of satisfaction

1-strognly disagree 2-disagree 3-sometimes agree 4-agree 5-strongly agree

I receive courteous and professional service at all times from the property manager.	**1 2 3 4 5**
If I leave a message on the office phone, my call is returned the same day (within 24 hours)	**1 2 3 4 5**
The property manager is available to take care of my needs during office hours.	**1 2 3 4 5**
The property manager is very knowledgeable about my property and how to resolve property issues.	**1 2 3 4 5**
The property manager is someone I can trust to do what they say they will do.	**1 2 3 4 5**
The property is well maintained at all times.	**1 2 3 4 5**
The maintenance staff acts professional and courteous at all times.	**1 2 3 4 5**
The maintenance staff repairs my apartment promptly, efficiently and cleans up thoroughly before leaving	**1 2 3 4 5**
My apartment is currently in good condition with all equipment in working order and is safe and habitable	**1 2 3 4 5**

Comments:_____

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