

WNY PLUMBING

RECEIVED

APR 0 2024

Mike

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

Newspaper Friend Billboard
 Google Used us Before Logo on Truck
 Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

Very Poor

Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

Excellent

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	Excellent
Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10								
Knowledgeable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10								
Explanation of Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10								

Did Not Explain

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?

Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order

15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10

Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	Excellent
Trustworthiness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10								
Standing Behind Their Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10								

Please check this box if you will also use an online rating service, Thank you!

Comments:

Very happy with the service.

If you would like us to call you, please fill in your telephone number: (____)

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Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
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(OVER)

QUESTIONS ABOUT SCHEDULING

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Poor

1 2 3 4 5 6 7 8 9 10

Excellent

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Knowledgeable 1 2 3 4 5 6 7 8 9 10

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Extremely
Dissatisfied

1 2 3 4 5 6 7 8 9 10

Extremely
Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness 1 2 3 4 5 6 7 8 9 10

Standing Behind
Their Work 1 2 3 4 5 6 7 8 9 10

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Comments:

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(OVER)

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QUESTIONS ABOUT THE REPAIR ITSELF

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Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Did Not Explain <input type="checkbox"/>

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Extremely Dissatisfied	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Extremely Satisfied
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QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	Excellent
Trustworthiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Standing Behind Their Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	

Please check this box if you will also use an online rating service, Thank you!

Comments:

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 Other *INTERNET SEARCH*

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	Very Poor					Excellent				
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
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Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very
Poor

1 2 3 4 5 6 7 8 9 10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

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 The day after I called

Two days after I called
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Longer than three days after I called

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QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism 1 2 3 4 5 6 7 8 9 10

Knowledgeable 1 2 3 4 5 6 7 8 9 10

Explanation of Repair 1 2 3 4 5 6 7 8 9 10 Did Not Explain

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Extremely
Dissatisfied 1 2 3 4 5 6 7 8 9 10

Extremely
Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness 1 2 3 4 5 6 7 8 9 10

Standing Behind
Their Work 1 2 3 4 5 6 7 8 9 10

Please check this box if you will also use an online rating service, Thank you!

Comments:

PAT WAS VERY PROFESSIONAL AND KNOWLEDGEABLE WE KNEW IMMEDIATELY HE WAS THE ONE TO DO THE JOB.

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<input type="checkbox"/> Google	<input checked="" type="checkbox"/> Used us Before	<input type="checkbox"/> Logo on Truck
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11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism 1 2 3 4 5 6 7 8 9 10

Knowledgeable 1 2 3 4 5 6 7 8 9 10

Explanation of Repair 1 2 3 4 5 6 7 8 9 10

Did Not Explain

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other / *for a part to be replaced*

15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?

Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order

15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10

Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness 1 2 3 4 5 6 7 8 9 10

Standing Behind Their Work 1 2 3 4 5 6 7 8 9 10

Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (____)

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.

WNY PLUMBING

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

RECEIVEI

APR 04 2024

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

Newspaper Friend Billboard
 Google Used us Before Logo on Truck
 Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

	Very Poor									Excellent		
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10		
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10		
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10		

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called

10. Generally, on which one day of the week would you prefer service?

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11. Generally, what time of day would you prefer service?

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12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Professionalism 1 2 3 4 5 6 7 8 9 10

Knowledgeable 1 2 3 4 5 6 7 8 9 10

Explanation of Repair 1 2 3 4 5 6 7 8 9 10

Did Not Explain

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

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 Other _____

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Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10

Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Trustworthiness 1 2 3 4 5 6 7 8 9 10

Standing Behind Their Work 1 2 3 4 5 6 7 8 9 10

Please check this box if you will also use an online rating service, Thank you!

Comments:

JOB WELL DONE By MIKE.

If you would like us to call you, please fill in your telephone number: (_____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

APR 04 2024

Pat

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

<input type="checkbox"/> Newspaper	<input checked="" type="checkbox"/> Friend	<input type="checkbox"/> Billboard
<input type="checkbox"/> Google	<input checked="" type="checkbox"/> Used us Before	<input type="checkbox"/> Logo on Truck
<input type="checkbox"/> Other		

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

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Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

	Very Poor					Excellent				
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called Two days after I called
 The day after I called Three days after I called

Longer than three days after I called
THE DAY I REQUESTED

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Professionalism 1 2 3 4 5 6 7 8 9 10

Knowledgeable 1 2 3 4 5 6 7 8 9 10

Explanation of Repair 1 2 3 4 5 6 7 8 9 10

Did Not Explain

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QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Trustworthiness 1 2 3 4 5 6 7 8 9 10

Standing Behind Their Work 1 2 3 4 5 6 7 8 9 10

Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.

WNY PLUMBING

RECEIVED
APR 09 2024

7/2024

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

Newspaper Friend Billboard
 Google Used us Before Logo on Truck
 Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

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6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

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7. Please rate the telephone representative on the following:

	Very Poor									Excellent	
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

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11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Professionalism 1 2 3 4 5 6 7 8 9 10

Knowledgeable 1 2 3 4 5 6 7 8 9 10

Explanation of Repair 1 2 3 4 5 6 7 8 9 10

Did Not Explain

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

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 the product needed to be replaced or the technician determined the product is unrepairable
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15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10

Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Trustworthiness 1 2 3 4 5 6 7 8 9 10

Standing Behind Their Work 1 2 3 4 5 6 7 8 9 10

Please check this box if you will also use an online rating service, Thank you!

Comments:

Very easy to complete the survey. I am very satisfied with every aspect of your service

If you would like us to call you, please fill in your telephone number: (____)

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

APR 09 2024

Tyler

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend	<input type="checkbox"/> Billboard
<input type="checkbox"/> Google	<input type="checkbox"/> Used us Before	<input checked="" type="checkbox"/> Logo on Truck
<input checked="" type="checkbox"/> Other		

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

	Very Poor					Excellent				
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	Excellent
Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Did Not Explain <input type="checkbox"/>

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?

Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order

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16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	Excellent
Trustworthiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Standing Behind Their Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	

Please check this box if you will also use an online rating service, Thank you!

Comments:

I was very pleased with Tyler's service! Will use your company again in the future.

If you would like us to call you, please fill in your telephone number: (____)

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

APR 09 2024

Mike

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

Newspaper Friend Billboard
 Google Used us Before Logo on Truck
 Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Far Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

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Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

	Very Poor									Excellent		
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10		
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10		
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10		

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

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11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	Excellent
Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Did Not Explain <input type="checkbox"/>

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QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	Excellent
Trustworthiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Standing Behind Their Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	

Please check this box if you will also use an online rating service, Thank you!

Comments:

Western N.Y. Plumbing is outstanding!

If you would like us to call you, please fill in your telephone number: (____)

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

APR 09 2024

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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OVERALL

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3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

Very Poor

Excellent

Overall	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Professionalism 1 2 3 4 5 6 7 8 9 10

Knowledgeable 1 2 3 4 5 6 7 8 9 10

Explanation of Repair 1 2 3 4 5 6 7 8 9 10

Did Not Explain

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

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 the technician could not fix or determine the problem and needed assistance
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 Other _____

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Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order

15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10

Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Trustworthiness 1 2 3 4 5 6 7 8 9 10

Standing Behind Their Work 1 2 3 4 5 6 7 8 9 10

Please check this box if you will also use an online rating service, Thank you!

Comments:

The technician was very thorough, did an excellent job in assessing my plumbing concerns. Pat showed extreme empathy for my concerns.

If you would like us to call you, please fill in your telephone number: _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

APR 9 2024

PAK

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend	<input type="checkbox"/> Billboard
<input type="checkbox"/> Google	<input checked="" type="checkbox"/> Used us Before	<input type="checkbox"/> Logo on Truck
<input type="checkbox"/> Other		

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

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6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

	Very Poor						Excellent			
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

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11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	10	Excellent
Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Knowledgeable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Explanation of Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did Not Explain <input type="checkbox"/>								

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QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	10	Excellent
Trustworthiness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Standing Behind Their Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									

Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (____) _____

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WNY PLUMBING

RECEIVED
APR 09 2024
PAC

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4425 Walden Avenue
Lancaster, NY 14086

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 Google Used us Before Logo on Truck
 Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

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Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very
Poor

1 2 3 4 5 6 7 8 9 10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called
 The day after I called

Two days after I called
 Three days after I called

Longer than three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism 1 2 3 4 5 6 7 8 9 10

Knowledgeable 1 2 3 4 5 6 7 8 9 10

Explanation of Repair 1 2 3 4 5 6 7 8 9 10

Did Not
Explain

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16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely
Dissatisfied

1 2 3 4 5 6 7 8 9 10

Extremely
Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness 1 2 3 4 5 6 7 8 9 10

Standing Behind
Their Work 1 2 3 4 5 6 7 8 9 10

Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (_____) _____

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WNY PLUMBING

RECEIVED

APR 15 2024

Pat

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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 Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

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Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

	Very Poor						Excellent			
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

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 The day after I called Three days after I called Longer than three days after I called

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11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	10	Excellent
Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Knowledgeable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Explanation of Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did Not Explain <input type="checkbox"/>						

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

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16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Extremely Satisfied
------------------------	----------------------------	---------------------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-----------------------------	---------------------

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	10	Excellent
Trustworthiness	<input type="checkbox"/>											
Standing Behind Their Work	<input type="checkbox"/>											

Please check this box if you will also use an online rating service, Thank you!

Comments:

Tech was very nice + Knowledgeable but worked slowly + I am being charged by the hr

If you would like us to call you, please fill in your telephone number: (____)

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

Pat

APR 15 2024

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

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Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

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QUESTIONS ABOUT THE REPAIR ITSELF

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	Very Poor	Excellent
Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Did Not Explain <input type="checkbox"/>

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QUESTIONS ABOUT WNY PLUMBING CO.

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	Very Poor	Excellent
Trustworthiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Standing Behind Their Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	

Please check this box if you will also use an online rating service, Thank you!

Comments:

VERY SATISFIED

Thank you

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RECEIVED

APR 15 2024

pat

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Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 10
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Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

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Knowledgeable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Explanation of Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did Not Explain <input type="checkbox"/>							

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?

Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order

15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	10	Excellent
Trustworthiness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Standing Behind Their Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED
APR 15 2024

Pat

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

Newspaper Friend Billboard
 Google Used us Before Logo on Truck
 Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

	Very Poor					Excellent				
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	Excellent
Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Did Not Explain <input type="checkbox"/>

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?

Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order

15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	Excellent
Trustworthiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Standing Behind Their Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	

Please check this box if you will also use an online rating service, Thank you!

Comments:

Please change Address - 59 Panwood Trail
 Depew NY 14043

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.

WNY PLUMBING

RECEIVED

APR 15 2024

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

Newspaper Friend Billboard
 Google Used us Before Logo on Truck
 Other *sticker on my old hot water heater*

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

	Very Poor									Excellent
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor

1 2 3 4 5 6 7 8 9 10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called
 The day after I called

Two days after I called
 Three days after I called

Longer than three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism 1 2 3 4 5 6 7 8 9 10

Knowledgeable 1 2 3 4 5 6 7 8 9 10

Explanation of Repair 1 2 3 4 5 6 7 8 9 10

Did Not Explain

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered
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15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10

Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness 1 2 3 4 5 6 7 8 9 10

Standing Behind Their Work 1 2 3 4 5 6 7 8 9 10

Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (____)

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

APR 16 2024

Mike

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

<input type="checkbox"/> Newspaper	<input checked="" type="checkbox"/> Friend	<input type="checkbox"/> Billboard
<input type="checkbox"/> Google	<input checked="" type="checkbox"/> Used us Before	<input checked="" type="checkbox"/> Logo on Truck
<input type="checkbox"/> Other		

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

Very Poor

Excellent

Overall	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called Two days after I called
 The day after I called Three days after I called Longer than three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	10	Excellent
Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Knowledgeable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Explanation of Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did Not Explain <input type="checkbox"/>								

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

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 Other _____

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15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	10	Excellent
Trustworthiness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Standing Behind Their Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									

Please check this box if you will also use an online rating service, Thank you!

Comments:

As usual, Mike did top quality work.

If you would like us to call you, please fill in your telephone number: (____)

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED
APR 16 2024
milk

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

Newspaper Friend Billboard
 Google Used us Before Logo on Truck
 Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

Very Poor

Excellent

Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	Excellent
Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Did Not Explain <input type="checkbox"/>

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?

Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order

15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	Excellent
Trustworthiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Standing Behind Their Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	

Please check this box if you will also use an online rating service, Thank you!

Comments:

Mike was excellent! Courteous, knowledgeable, & professional

If you would like us to call you, please fill in your telephone number: (____)

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.

WNY PLUMBING

RECEIVED

pat

APR 16 2024

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

Newspaper Friend Billboard
 Google Used us Before Logo on Truck
 Other *Groundfathering*

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

Very Poor

Excellent

Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called Two days after I called
 The day after I called Three days after I called Longer than three days after I called

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QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	10	Excellent
Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Knowledgeable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Explanation of Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									

Did Not Explain

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

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Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	10	Excellent
Trustworthiness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Standing Behind Their Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									

Please check this box if you will also use an online rating service, Thank you!

Comments:

Will definitely be using WNY plumbing again!

If you would like us to call you, please fill in your telephone number: (____)

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.

RECEIVED

Pat

APR 16 2024

WNY PLUMBING

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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Newspaper Friend Billboard
 Google Used us Before Logo on Truck
 Other

OVERALL

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Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

	Very Poor									Excellent	
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	Excellent
Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Did Not Explain <input type="checkbox"/>

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
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 Other _____

15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?

Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order

15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	Excellent
Trustworthiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Standing Behind Their Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	

Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

APR 16 2024

Tyler
Dell
Nate!

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

Newspaper Friend Billboard
 Google Used us Before Logo on Truck
 Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

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Very Poor

Excellent

Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor

1 2 3 4 5 6 7 8 9 10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called
 The day after I called

Two days after I called
 Three days after I called

Longer than three days after I called
(per my request)

10. Generally, on which one day of the week would you prefer service?

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11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism 1 2 3 4 5 6 7 8 9 10

Knowledgeable 1 2 3 4 5 6 7 8 9 10

Explanation of Repair 1 2 3 4 5 6 7 8 9 10

Did Not Explain

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

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Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10

Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness 1 2 3 4 5 6 7 8 9 10

Standing Behind Their Work 1 2 3 4 5 6 7 8 9 10

Please check this box if you will also use an online rating service, Thank you!

Comments:

The technician was phenomenal! I wish more tradespeople were like him. Very approachable and pleasant.

If you would like us to call you, please fill in your telephone number: (____)

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.

WNY PLUMBING

RECEIVED
APR 17 2024

Tyler

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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 Google Used us Before Logo on Truck
 Other

OVERALL

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Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

	Very Poor									Excellent	
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
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Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

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11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment?

Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	10	Excellent
Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Knowledgeable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Explanation of Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did Not Explain <input type="checkbox"/>								

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

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Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	10	Excellent
Trustworthiness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Standing Behind Their Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									

Please check this box if you will also use an online rating service, Thank you!

Comments:

Thanks to Tyler + Dan (Phone)

If you would like us to call you, please fill in your telephone number: (____)

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

APR 17 2024

tyler
B&W
N.Y.C.

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

Newspaper Friend Billboard
 Google Used us Before Logo on Truck
 Other - *plumbing contractor who built house*

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

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	Very Poor					Excellent				
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Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very
Poor

1 2 3 4 5 6 7 8 9 10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called
 The day after I called

Two days after I called
 Three days after I called

Longer than three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism 1 2 3 4 5 6 7 8 9 10

Knowledgeable 1 2 3 4 5 6 7 8 9 10

Explanation of Repair 1 2 3 4 5 6 7 8 9 10

Did Not
Explain

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

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16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely
Dissatisfied 1 2 3 4 5 6 7 8 9 10

Extremely
Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness 1 2 3 4 5 6 7 8 9 10

Standing Behind
Their Work 1 2 3 4 5 6 7 8 9 10

Please check this box if you will also use an online rating service, Thank you!

Comments:

All good appreciate the service & will use down the road!

If you would like us to call you, please fill in your telephone number: (_____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.

WNY PLUMBING

RECEIVED

APR 18 2024

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4425 Walden Avenue
Lancaster, NY 14086

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<input type="checkbox"/> Google	<input checked="" type="checkbox"/> Used us Before	<input type="checkbox"/> Logo on Truck
<input type="checkbox"/> Other		

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

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3. To what extent did this repair service meet your expectations?

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Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

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QUESTIONS ABOUT THE REPAIR ITSELF

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Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
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Explanation of Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did Not Explain <input type="checkbox"/>								

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Standing Behind Their Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									

Please check this box if you will also use an online rating service, Thank you!

Comments:

Extremely Satisfied with work performed

If you would like us to call you, please fill in your telephone number: (____) _____

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RECEIVED
APR 18 2024

put

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(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very
Poor

1 2 3 4 5 6 7 8 9 10

Excellent

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Longer than three days after I called

Needed to get part

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QUESTIONS ABOUT THE REPAIR ITSELF

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Very Poor

Excellent

Professionalism 1 2 3 4 5 6 7 8 9 10

Knowledgeable 1 2 3 4 5 6 7 8 9 10

Explanation of Repair 1 2 3 4 5 6 7 8 9 10

Did Not Explain

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

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16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely
Dissatisfied 1 2 3 4 5 6 7 8 9 10

Extremely
Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness 1 2 3 4 5 6 7 8 9 10

Standing Behind
Their Work 1 2 3 4 5 6 7 8 9 10

Please check this box if you will also use an online rating service, Thank you!

Comments:

They installed plumbing when our house was built 9 1/2 yrs. ago.

If you would like us to call you, please fill in your telephone number: (____)

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

APR 18 2024

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend	<input type="checkbox"/> Billboard
<input type="checkbox"/> Google	<input checked="" type="checkbox"/> Used us Before	<input type="checkbox"/> Logo on Truck
<input type="checkbox"/> Other		

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

Very Poor

Excellent

Overall	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	10	Excellent
Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Knowledgeable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Explanation of Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									

Did Not Explain

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?

Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order

15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10

Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	10	Excellent
Trustworthiness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Standing Behind Their Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									

Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (_____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.

WNY PLUMBING

www.wnyplumbing.com

RECEIVED
APR 19 2024
tyler
WNY
PLUMBING

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend	<input type="checkbox"/> Billboard
<input type="checkbox"/> Google	<input type="checkbox"/> Used us Before	<input checked="" type="checkbox"/> Logo on Truck
<input type="checkbox"/> Other		

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 10	Extremely Satisfied
------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	---------------------------------------	-----------------------------	---------------------

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 10	Far Exceeded Your Expectations
----------------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	---------------------------------------	-----------------------------	--------------------------------

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 10	Matches Your Ideal
--------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	---------------------------------------	-----------------------------	--------------------

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	Definitely Will Use Next Time
-----------------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--	-------------------------------

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	Definitely Will Recommend
-------------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--	---------------------------

7. Please rate the telephone representative on the following:

	Very Poor										Excellent
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor

1 2 3 4 5 6 7 8 9 10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called
 The day after I called

Two days after I called
 Three days after I called

Longer than three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism 1 2 3 4 5 6 7 8 9 10

Knowledgeable 1 2 3 4 5 6 7 8 9 10

Explanation of Repair 1 2 3 4 5 6 7 8 9 10

Did Not Explain

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered

the technician could not fix or determine the problem and needed assistance

the product failed again shortly after the first visit

the product needed to be replaced or the technician determined the product is unrepairable

Other *IT WAS A WARRANTY SITUATION*

15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?

Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order

15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied

1 2 3 4 5 6 7 8 9 10

Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness 1 2 3 4 5 6 7 8 9 10

Standing Behind Their Work 1 2 3 4 5 6 7 8 9 10

Please check this box if you will also use an online rating service, Thank you!

Comments:

*TAYLOR WAS KNOWLEDGEABLE AND VERY HELPFUL
WE CALLING NOW AND GETTING US A NEW FAUCET
GOOD JOB!!*

If you would like us to call you, please fill in your telephone number: ()

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

APR 22 2024

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend	<input type="checkbox"/> Billboard
<input type="checkbox"/> Google	<input checked="" type="checkbox"/> Used us Before	<input type="checkbox"/> Logo on Truck
<input type="checkbox"/> Other		

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

	Very Poor									Excellent	
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	Excellent
Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10								
Knowledgeable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10								
Explanation of Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10								
										Did Not Explain	<input type="checkbox"/>

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?

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15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	Excellent
Trustworthiness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10								
Standing Behind Their Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10								

Please check this box if you will also use an online rating service, Thank you!

Comments:

Always do an awesome job!

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

APR 22 2024

tyler
Natalie
PM

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

<input type="checkbox"/> Newspaper	<input checked="" type="checkbox"/> Friend	<input type="checkbox"/> Billboard
<input type="checkbox"/> Google	<input type="checkbox"/> Used us Before	<input type="checkbox"/> Logo on Truck
<input type="checkbox"/> Other		

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Extremely Satisfied
------------------------	---------------------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-----------------------------	---------------------

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Far Exceeded Your Expectations
----------------------------------	---------------------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-----------------------------	--------------------------------

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	Matches Your Ideal
--------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--	--------------------

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	Definitely Will Use Next Time
-----------------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--	-------------------------------

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	Definitely Will Recommend
-------------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--	---------------------------

7. Please rate the telephone representative on the following:

	Very Poor										Excellent
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called Two days after I called Longer than three days after I called
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11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	Excellent
Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Did Not Explain <input type="checkbox"/>

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

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 the technician could not fix or determine the problem and needed assistance
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 Other _____

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15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	Excellent
Trustworthiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Standing Behind Their Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	

Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor

1 2 3 4 5 6 7 8 9 10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

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 The day after I called

Two days after I called
 Three days after I called

Longer than three days after I called

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11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

Did Not Explain

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
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 Other _____

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16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Standing Behind Their Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

APR 23 2024

Pat

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend	<input type="checkbox"/> Billboard
<input type="checkbox"/> Google	<input checked="" type="checkbox"/> Used us Before	<input type="checkbox"/> Logo on Truck
<input checked="" type="checkbox"/> Other		

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 IT MET MY Far-Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

	Very Poor					Excellent				
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called Two days after I called Longer than three days after I called
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11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	Excellent
Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Did Not Explain <input type="checkbox"/>

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QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	Excellent
Trustworthiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Standing Behind Their Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	

Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.

WNY PLUMBING

RECEIVED
APR 23 2024
Pat

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	

(OVER)

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QUESTIONS ABOUT THE REPAIR ITSELF

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Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Knowledgeable	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Explanation of Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did Not Explain <input type="checkbox"/>									

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<input type="checkbox"/>	<input checked="" type="checkbox"/>										

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	1	2	3	4	5	6	7	8	9	10	Excellent
Trustworthiness	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Standing Behind Their Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>										

Please check this box if you will also use an online rating service, Thank you!

Comments:

We have used WNY Plumbing for 10 yrs - Excellent in every way!

If you would like us to call you, please fill in your telephone number: (____) _____

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WNY PLUMBING

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APR 23 2024

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Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

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QUESTIONS ABOUT THE REPAIR ITSELF

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Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Knowledgeable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Explanation of Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did Not Explain <input type="checkbox"/>								

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QUESTIONS ABOUT WNY PLUMBING CO.

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	Very Poor	1	2	3	4	5	6	7	8	9	10	Excellent
Trustworthiness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Standing Behind Their Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									

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Comments:

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RECEIVED

APR 23 2024

Mike

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7. Please rate the telephone representative on the following:

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Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

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Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

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QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

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Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10	
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10	Did Not Explain <input type="checkbox"/>

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QUESTIONS ABOUT WNY PLUMBING CO.

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	Very Poor	Excellent
Trustworthiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10	
Standing Behind Their Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10	

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RECEIVED

APR 23 2024

tyler
1st
NICE!

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(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor

1 2 3 4 5 6 7 8 9 10

Excellent

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Same day I called
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Longer than three days after I called

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Professionalism 1 2 3 4 5 6 7 8 9 10

Knowledgeable 1 2 3 4 5 6 7 8 9 10

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Trustworthiness 1 2 3 4 5 6 7 8 9 10

Standing Behind Their Work 1 2 3 4 5 6 7 8 9 10

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APR 26 2024

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------------------------	---	---------------------

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10	Far Exceeded Your Expectations
----------------------------------	---	--------------------------------

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

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5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Definitely Will Use Next Time
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6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Definitely Will Recommend
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7. Please rate the telephone representative on the following:

	Very Poor					Excellent				
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	Excellent
Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Did Not Explain <input type="checkbox"/>

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?

Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order

15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

	Very Poor	Excellent
Trustworthiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Standing Behind Their Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	

Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

APR 30 2024

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

Newspaper Friend Billboard
 Google Used us Before Logo on Truck
 Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

	Very Poor									Excellent
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor

1 2 3 4 5 6 7 8 9 10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called
 The day after I called

Two days after I called
 Three days after I called

Longer than three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day

11. Generally, what time of day would you prefer service?

Morning Afternoon Evening (after 5p.m.) No particular time

12. Were you contacted by phone to confirm the appointment?

Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
	Did Not Explain <input type="checkbox"/>

14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
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 Other _____

15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?

Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order

15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Extremely Satisfied
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QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Standing Behind Their Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.