



REPAIR FACILITY EVALUATION



ABOUT YOU

Your name: _____

Vehicle you had serviced: _____

FACILITY YOU USED

Name: _____

Address: _____

Phone: _____

Contact: _____

Type: Body/Paint Dealer Mechanical

Restoration Transmission Upholstery

Salvage Yard Wheels/Tires Other

RATING

Based on your experience, how many "hubcaps" would you give this facility?

(Excellent)

(Good)

(Fair)

(Poor)

GENERAL QUESTIONS

1. Were you given a written estimate outlining the cost of the requested work? Yes No N/A
2. Were you kept apprised of changes of estimated cost and completion time?..... Yes No N/A
3. Were you asked to authorize additional repairs prior to completion?..... Yes No N/A
4. Was your vehicle ready when promised?..... Yes No N/A
5. Were you satisfied with the work done to your vehicle? Yes No N/A
6. If you had additional concerns, were they addressed to your satisfaction? Yes No N/A
7. Have you used this facility's services in the past? Yes No N/A
8. Would you use this facility's services again? Yes No N/A
9. Does this facility specialize in a specific make/model/era of car? Yes No N/A
10. Does this facility specialize in a specific type of repairs? Yes No N/A
11. To the best of your knowledge, this facility is:
 LGBT owned LGBT friendly LGBT supportive Not LGBT friendly Unknown

SUMMARY OF EXPERIENCE

Please give a brief summary of your experience with the facility you've described above. What type of work were you having done? Were the rates and time frame reasonable? Was the staff knowledgeable and experienced with your vehicle? Did they "go the extra mile" to overcome obstacles they encountered as they worked on your vehicle?