

**BUILDING ALTERATION AND MINOR WORKS
PROJECT SATISFACTION REPORT (by End-users)**

Name of Department: _____ Attention: _____

Project Title: _____

E.O. Project Team: _____ (Project Co-ordinator) _____ (Others)

Name of Consultant (if any): _____

Part I : Performance evaluation for Estates Office

	Quality of services / works provided by Estates Office			
	Exceeding my expectation	Acceptable	Marginally acceptable	Poor [#]
1. Overall Responsiveness: Was the overall response dealt with quickly and to your satisfaction?				
2. Project Planning: Were you satisfied with the planning and consultation process?				
3. Communications: Did the project team communicate with you well?				
4. Problem Solving: Were any problems dealt with to your satisfaction?				
5. Project Control: Were the issues of cost control and project scheduling dealt with to your satisfaction?				
6. Overall Performance: Were you satisfied with the service on this project?				

Other Comments: _____

Technical Manager (Ms. Rowena Lee) will follow up with the End-user within one month of receiving the report.

Part II : Performance evaluation for the Contractor

Contractor Name: _____

	Excellent	Good	Fair	Poor
1. Cleanliness				
2. General Safety				
3. Progress				
4. Politeness				

Other Comments: _____

We appreciate for your valuable comments. Please leave your name / contact number below so that we can contact you if required.

Name in Print Contact Tel. No. Signature Date