



ALLIED RESTORATION SPECIALIST SURVEY

Name:
Address:
Telephone:

For each item identified below, circle the number to the right that best fits your judgment of its quality. Use the scale above to select the quality number.

Description/Identification of Survey Item Emergency Services	Scale				
	P o o r	Good			E x c e l l e n t
1. Someone from Allied Restoration Specialist responded to my loss as scheduled during the initial contact	1	2	3	4	5
2. Allied Restoration Specialist employees were professional and courteous	1	2	3	4	5
3. Allied Restoration Specialist employees' appearance was professional and neat	1	2	3	4	5
4. I would recommend Allied Restoration Specialist to my friends or relatives.	1	2	3	4	5

Please provide below any additional comments that you would like to share with us.
