

GENERAL QUALITY ASSURANCE

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| Company Name: |

1. Please evaluate the staff we supply on the following criteria?

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|  | POOR | AVERAGE | GOOD | EXCELLENT |
| 1. Staff experience and skills? |  |  |  |  |
| 1. Staff appearance? |  |  |  |  |
| 1. Punctuality? |  |  |  |  |
| 1. Reliability? |  |  |  |  |
| 1. Work Ethic? |  |  |  |  |
| 1. Confidentiality? |  |  |  |  |
| 1. Professionalism? |  |  |  |  |

1. Please evaluate our office staff in the following criteria?

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|  | POOR | AVERAGE | GOOD | EXCELLENT |
| 1. Knowledge and experience? |  |  |  |  |
| 1. Professionalism? |  |  |  |  |
| 1. Efficiency in agreed call back? |  |  |  |  |
| 1. Prompt cover of shifts? |  |  |  |  |
| 1. Ability to cover shifts at short notice? |  |  |  |  |
| 1. Response to complaints? |  |  |  |  |
| 1. The general service they provide? |  |  |  |  |

1. Please write any comments of the service UCC has provided over the last 6 months:

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1. Is there anything you particularly like about the service UCC provide?

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1. Is there anything you fell UCC could improve on to make the service we offer more attractive to yourselves and other customers?

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1. Is there anything you feel UCC do not do well, if so how do you feel UCC could improve?

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1. Is UCC currently your main provider of temporary staff? Yes/No
2. If no, what are your reasons for not using UCC

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1. Would you be available to meet your dedicated Care Manager to discuss the feedback you have provided? Yes/No

Name of person completing feedback:………………………………………........................................................

What is your position:………………………………………………………………………………………………………………………

Date of completion: // //2015

I would like to take the time to thank you for completing this questionnaire. Your feedback is important to UCC and will enable UCC to provide the standard of service you should expect. Once your feedback is received, the care manager will respond in writing to address any compliments, comments or complaints you may have recorded on this questionnaire within 14 days.