



## Cape Cod Regional Transit Authority Customer Satisfaction Survey

To provide the best service we can, please take a moment to grade us in each of the following areas by circling the appropriate letter grade. (Note: A=excellent, B=good, C=fair, D=poor and F=fail.)

- |    |                               |   |   |   |   |   |
|----|-------------------------------|---|---|---|---|---|
| 1. | Trip Scheduling               | A | B | C | D | F |
| 2. | Courtesy of the Schedulers    | A | B | C | D | F |
| 3. | Courtesy of Driver            | A | B | C | D | F |
| 4. | Driver Appearance             | A | B | C | D | F |
| 5. | Was Driver Helpful            | A | B | C | D | F |
| 6. | Timeliness                    | A | B | C | D | F |
| 7. | Cleanliness of Vehicle        | A | B | C | D | F |
| 8. | Safety (please comment below) | A | B | C | D | F |
| 9. | Overall Service Provided      | A | B | C | D | F |

Fixed Route Name: \_\_\_\_\_ DART: \_\_\_\_\_ Boston Hospital: \_\_\_\_\_ Other: \_\_\_\_\_

How did you hear about our services? Radio \_\_\_ Print \_\_\_ TV \_\_\_ Word of Mouth \_\_\_ Other \_\_\_\_\_

Comments and/or Suggestions:

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Date of Trip: \_\_\_\_\_ Name: (Optional) \_\_\_\_\_

*Thank you so much for your time and helping us to be the best we can be.*