THE BELCHER'S

Serial No:_____   Distribution Date:_____15-July-2020_____

Questionnaire for the Security Service Quality (April 2020 to June 2020)

Objective:
The security service contractor -"Express Security" provides the security service to the Belcher's from 1 April 2020. The questionnaire is aimed to study the comments from the resident about the security service quality from "Express Security". We hope you can spend some times to complete the following questionnaire and provide your valued opinions on "Express Security" service. We hope it can help improve the overall security service through your provided opinions.

(Excellent – 5 Marks (the highest), Very Disappointed – 1 Mark (the Lowest), the rating for other option is in descending order.)

Q1 – The satisfactory level towards the staff appearance and manners of "Express Security"?
☐ Excellent   ☐ Good   ☐ Acceptable   ☐ Poor   ☐ Very disappointed   ☐ N/A

Q2- The satisfactory level towards the access control on car park from "Express Security"?
☐ Excellent   ☐ Good   ☐ Acceptable   ☐ Poor   ☐ Very disappointed   ☐ N/A

Q3- The Satisfactory level towards the security service on car park from "Express Security"?
☐ Excellent   ☐ Good   ☐ Acceptable   ☐ Poor   ☐ Very disappointed   ☐ N/A

Q4- The Satisfactory Level towards the access control of residents, visitors and delivery workers from "Express Security"?
☐ Excellent   ☐ Good   ☐ Acceptable   ☐ Poor   ☐ Very disappointed   ☐ N/A

Q5- The Satisfactory level towards the handling ways on emergency incidents from "Express Security"?
☐ Excellent   ☐ Good   ☐ Acceptable   ☐ Poor   ☐ Very disappointed   ☐ N/A

Q6- The Satisfactory level towards the manpower deployment from "Express Security"?
☐ Excellent   ☐ Good   ☐ Acceptable   ☐ Poor   ☐ Very disappointed   ☐ N/A

Q7- The overall satisfactory level towards the general performance of "Express Security"?
☐ Excellent   ☐ Good   ☐ Acceptable   ☐ Poor   ☐ Very disappointed   ☐ N/A

*Please   add " √ "on " ☐ " to show your option.

Other comment or area for improvement:
_____
_____
_____

Please provide contact information for follow up.

Signature of Resident:_____   Date   :_____
Name of Resident   :_____   Contact Number:_____