

Thank you for completing our survey. Please give this survey to your driver. Or, if you choose, you may email, fax or mail this survey back to Good Wheels.

PLACE
STAMP
HERE



Our service starts with picking up the phone.

At Good Wheels, you, our riders, come first. We strive to deliver on-time, door-to-door service in modern air-conditioned vehicles. Our mission is to provide you safe, compassionate, reliable transportation for the disabled and disadvantaged.



Good Wheels, Inc.
10075 Bavaria Road
Fort Myers, FL 33913

Confidential Ridership Survey

We're Here To Help!



10075 Bavaria Road
Fort Myers, FL 33913
Phone: 239-768-2900 Ext. 219
Fax: 239-768-6187
Email: amandel@goodwheels.org
Website: www.goodwheels.org

Why We Do This?

This survey will give us the information we need to give you better service. Take a few minutes to tell us what you think.



Your answers may be completely anonymous or you can fill in your name and address. If you give us your name and address, we will contact you concerning your answers and thank you personally for your participation.

How are we doing? Date _____

1. If you called to make a reservation, was the telephone answered within three (3) rings?

Yes No

2. Was the reservationist pleasant, and did he/she treat you with courtesy?

Yes No

3. Did your vehicle arrive for you on time?

Yes No If late, how late? _____

4. Was your vehicle clean and sanitary?

On the outside? Yes No

On the inside? Yes No

5. Was your driver professionally dressed?

Yes No

6. Did your driver have a visible photo ID?

Yes No

7. Did your driver greet you by name?

Yes No

8. Did your driver give you assistance getting into the vehicle and/or to the door?

Yes No

9. Was your wheelchair properly secured to the floor?

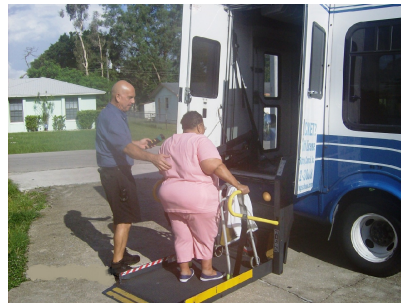
Yes No NA

10. Did you get to your destination safely and on time?

Yes No

11. Was your ride comfortable?

Yes No



If you have additional information you wish to share, please write your comments below and include your contact information in order for us to respond.

Your Comments:

Name: _____

Address: _____

City/State: _____

Phone: _____

Email: _____