

Direct Install Program Customer Feedback Questionnaire

Reservation #		Date Administered	
Business Name		Contact Name/Title	
Business Address		Contact Phone	
		Equipment Installed	

Thank you for participating in SCE's Direct Install Program. In order to improve our service, please take a few minutes to tell us about your experience.

What items did the representative review with you? Check all that apply:

- Program funding sources
- SCE's role in the State's efforts to promote energy conservation
- Value of the energy evaluation
- Warranty information on all installed items

1. Overall, how satisfied are you with the Direct Install Program?

- | | | | | |
|---|--|--|---|--|
| Extremely Satisfied
<input type="checkbox"/> | Somewhat Satisfied
<input type="checkbox"/> | Neither Satisfied Nor Dissatisfied
<input type="checkbox"/> | Somewhat Dissatisfied
<input type="checkbox"/> | Extremely Dissatisfied
<input type="checkbox"/> |
|---|--|--|---|--|

2. Would you recommend this program to others? Circle one: Y N

3. Overall, how satisfied are you with the service provided during the presentation and installation(s) of the Direct Install Program?

- | | | | | |
|---|--|--|---|--|
| Extremely Satisfied
<input type="checkbox"/> | Somewhat Satisfied
<input type="checkbox"/> | Neither Satisfied Nor Dissatisfied
<input type="checkbox"/> | Somewhat Dissatisfied
<input type="checkbox"/> | Extremely Dissatisfied
<input type="checkbox"/> |
|---|--|--|---|--|

4. Do you feel you received enough information to help you understand the program? Circle one: Y N

5. Did your representative provide information about additional energy cost saving opportunities available through SCE? Circle one: Y N

Comments (Please fill in the section below):

Thank you for your answers.
Should you have any questions,
please call us at:

(800) 736-4777



Customer Signature	Date
Customer Service Representative Signature	Date
Organization	Date