

CUSTOMER CONCERNS FORM



Please place the completed form where our cleaning team can easily find it.

Today's date:
Full name of customer account:
Service address:
Daytime phone number:
E-mail address:

Cleaning needs to improve in the following room(s):	Placement of items after cleaning has been incorrect in the following room(s):	Specific items that have been incorrectly placed after cleaning:
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Kitchen	
<input type="checkbox"/> Living room	<input type="checkbox"/> Living room	
<input type="checkbox"/> Dining room	<input type="checkbox"/> Dining room	
<input type="checkbox"/> Bedroom (if applicable, please specify which bedroom):	<input type="checkbox"/> Bedroom (if applicable, please specify which bedroom):	
<input type="checkbox"/> Bathroom (if applicable, please specify which bathroom):	<input type="checkbox"/> Bathroom (if applicable, please specify which bathroom):	
<input type="checkbox"/> Office	<input type="checkbox"/> Office	
<input type="checkbox"/> Den	<input type="checkbox"/> Den	
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Other (please specify):	

<p>Our staff is trained to move furniture and knickknacks to properly dust, vacuum and/or mop. Check the appropriate box(s) if you do not want furniture and/or knickknacks moved during cleanings.</p> <p><input type="checkbox"/> Do not move <u>any</u> furniture</p> <p><input type="checkbox"/> Do not move the following furniture (please specify):</p> <p><input type="checkbox"/> Do not move <u>any</u> knickknacks</p> <p><input type="checkbox"/> Do not move the following knickknacks (please specify):</p>

<p>The following item, fixture, or room needs to be inspected for damage during a previous cleaning:</p>
--

<p>Additional comments:</p>
