

Customer feedback form - inspections



The purpose of this form to receive constructive feedback, improve our performance and identify training needs.

Central
 West
 Orewa
 Papakura
 Pukekohe
 Takapuna
 Manukau

Address:		Consent N°:	
Inspection type:			
Customers name:			
Phone number:			
Inspectors name if known:			

Feedback: (if no, please provide comments)	Yes	No	N/A
Did the inspector call to confirm your booking on the morning of the inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the inspector introduce themselves upon arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the inspector review the plans and consent documentation before commencing the inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the inspector perform their duties to your satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the inspector engage in discussions with you during the inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the inspector explain any non-compliance issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the inspector make reasonable written comments as to what was inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the inspector fulfil your expectations in terms of this inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments? (please attach further information if necessary)

Do you have any suggestions on how can we improve our inspection services?

Please email as an attachment to: BCAudits@aucklandcouncil.govt.nz
Or post to: The Manager Training and Quality Assurance, Building Control, Auckland Council, Private Bag 92300, Auckland 1142