

# Service Evaluation for Transport Service Pilot Program

Date: \_\_\_\_\_

To Whom It May Concern,

We are reaching out to gather feedback regarding your experience with our recently launched Transport Service Pilot Program. Your input is invaluable in helping us assess the effectiveness of our services and implement necessary improvements.

## Evaluation Criteria:

- Overall Satisfaction: \_\_\_\_\_
- Timeliness of Service: \_\_\_\_\_
- Condition of Transport: \_\_\_\_\_
- Staff Professionalism: \_\_\_\_\_
- Availability of Services: \_\_\_\_\_
- Suggestions for Improvement: \_\_\_\_\_

We kindly ask you to complete this evaluation by \_\_\_\_\_ and return it to us at your earliest convenience. Your feedback will contribute significantly to the ongoing development of our transport services.

Thank you for your participation and support!

Sincerely,

[Your Name]

[Your Title]

[Company/Organization Name]

[Contact Information]