



# *E. Montpetit & fils inc.*

The Centre funéraire E. Montpetit & fils grows along with you and it is important for us to know your opinion about the range of products and services that we offer. We would appreciate you taking a few minutes of your time to answer this short survey.

Please check your level of satisfaction for each of the following elements :

<b><i>Transportation to your home (if applicable)</i></b>	Yes/Good	No/Should review	Not applicable
Transportation and drivers			
Respect for the remains and the locations			
Discretion while entering and leaving with the remains			

<b><i>Greeting</i></b>	Yes/Good	No/Should review	Not applicable
The greeting staff was courteous and competent			
Rate the hostess during visitations at the funeral home			

<b><i>The planning meeting</i></b>	Yes/Good	No/Should review	Not applicable
The counselor was welcoming			
The counselor suggested several possible alternatives			
The counselor respected our choices, our needs and answered all our questions			

<b><i>The chapel service</i></b>	Yes/Good	No/Should review	Not applicable
I was offered celebration alternatives during the planning of the latter			
Rate the celebrant and the celebration			

<b><i>The reception service</i></b>	Yes/Good	No/Should review	Not applicable
The quality of the food served			
The reception staff was friendly			
The reception period offered was long enough			
The choice of menu was varied			

**Facilities in general**

Yes/Good

No/Should review

Not applicable

Cleanliness, security and decoration of the premises			
The visiting rooms and/or reception hall			
La chapelle			
The chapel			
Indications on the location of facilities (ex: toilets)			
Accessibility for people with loss of autonomy			

Please identify the branch that was visited

Sal.-de-Valleyfield <input type="checkbox"/>	Coteau-du-Lac <input type="checkbox"/>	Les Cèdres <input type="checkbox"/>	St-Zotique <input type="checkbox"/>
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Comments / other suggestions:

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You can respond anonymously. However, if you wish, you can identify the concerned funeral and/or the person who completed this survey.

Name of the deceased: \_\_\_\_\_

Date of passing: \_\_\_\_\_

Your relationship to him (her): \_\_\_\_\_

Today's date: \_\_\_\_\_

Your name: \_\_\_\_\_

Adresse:

_____	_____	_____	_____
ADDRESS	CITY	PROVINCE	POSTAL CODE

Phone: \_\_\_\_\_

***Do you wish to be contacted about more information regarding prearranged funerals?*****YES:** \_\_\_\_\_**NO:** \_\_\_\_\_