

PASSENGER SATISFACTION SURVEY

Surveyor (for office use only): _____

Date: _____

Passenger Name (Optional): _____

Passenger Contact Info (Optional): _____

A. Please rate your satisfaction with the Automated People Mover (APM) system (circle one):

	Level of Satisfaction					Do Not Know
	Low		Avg.	High		
1. System Availability / Wait Time:	1	2	3	4	5	0
2. Convenience / Trip Time:	1	2	3	4	5	0
3. Comfort / Ride Quality & Cleanliness:	1	2	3	4	5	0
4. Ease of Use / Wayfinding:	1	2	3	4	5	0
5. Informational / Announcements:	1	2	3	4	5	0
6. Helpfulness of Staff:	1	2	3	4	5	0
7. Responsiveness to Complaints:	1	2	3	4	5	0

B. We value your comments. Please let us know how we can better serve you.

Please return this survey to the drop boxes located near the platform exit locations, to any APM system representative, or mail to the address on the reverse side of this card.