

GREENVILLE TRANSIT SYSTEM (GTS) SURVEY

Dear GTS Customer,

We value your support and opinion as a GTS bus rider. This survey will help us improve service to you and other customers. Please answer the following questions. When you finish completing this survey, either return it to a GTS driver, or mail it to Public Transportation Director, 1425 KitchenAid Way, Greenville, OH 45331. THANKS FOR YOUR ASSISTANCE!

Today's DATE: _____ TIME: _____ BUS #: _____

DRIVER NAME (optional): _____

BUS OPERATOR

	very poor	poor	average	good	excellent
Does the bus driver act and look professional?	[]	[]	[]	[]	[]
Is the bus driver friendly/helpful to passengers?	[]	[]	[]	[]	[]

BUS CLEANLINESS

Is the bus clean inside?	[]	[]	[]	[]	[]
Is the bus clean outside?	[]	[]	[]	[]	[]

BUS COMFORT/VALUE

Is the ride smooth?	[]	[]	[]	[]	[]
Are the temperature/seats/amenities comfortable?	[]	[]	[]	[]	[]
Is the bus fare a good value?	[]	[]	[]	[]	[]

SAFETY

Do you feel safe riding the bus?	[]	[]	[]	[]	[]
Do you feel safe with other riders' behavior?	[]	[]	[]	[]	[]
Is your bus operator a safe driver?	[]	[]	[]	[]	[]

CONVIENIENCE

Are the bus schedules convenient?	[]	[]	[]	[]	[]
Are the buses on time?	[]	[]	[]	[]	[]
When you call us, are the schedulers courteous?	[]	[]	[]	[]	[]

How important is transit to you and your family? _____

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Any comments, suggestions or complaints that would help us better serve you:
