



# Auditor/Inspector Customer Service Survey

Michigan State Housing Development Authority  
Compliance Monitoring  
PO Box 30044  
Lansing, MI 48909

As part of our continued efforts to improve MSHDA's compliance monitoring processes, we need your feedback. Please complete this survey and fax it to (517) 373-4627 or e-mail it to **MSHDA's Compliance Monitoring Section** at [mshdacompli@michigan.gov](mailto:mshdacompli@michigan.gov).

Auditor/Inspector Name: \_\_\_\_\_ Auditor/Inspector Company: \_\_\_\_\_

Check the applicable box:  
Physical Inspection  Tenant File Audit  Date: \_\_\_\_\_

**Questions**

- |   |                          |                          |   |
|---|--------------------------|--------------------------|---|
| 1. Overall, please rate your experience with MSHDA's Auditor/Inspector.   | <b>Satisfied</b>         | <b>Undecided</b>         | <b>Unsatisfied</b>                                |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                          |
| 2. Did the Auditor/Inspector arrive on time?  |                          |                          | <b>Yes    No</b>                                  |
| Comments: _____<br>_____  |                          |                          | <input type="checkbox"/> <input type="checkbox"/> |
| 3. Was the Auditor/Inspector friendly and polite?   |                          |                          | <b>Yes    No</b>                                  |
| Comments: _____<br>_____  |                          |                          | <input type="checkbox"/> <input type="checkbox"/> |
| 4. Did the Auditor/Inspector clearly communicate with you any problems or concerns they may have had with the property's tenant files and/or conditions of the units? |                          |                          | <b>Yes    No</b>                                  |
| Comments: _____<br>_____  |                          |                          | <input type="checkbox"/> <input type="checkbox"/> |
| 5. Are there any improvements you feel may make the MSHDA audit/inspection process easier?  |                          |                          | <b>No    Yes</b>                                  |
| Comments: _____<br>_____  |                          |                          | <input type="checkbox"/> <input type="checkbox"/> |
| 6. Any other comments or information you would like to share?   |                          |                          | <b>No    Yes</b>                                  |
| Comments: _____<br>_____  |                          |                          | <input type="checkbox"/> <input type="checkbox"/> |
| 7. Would you like MSHDA to contact you about any of the comments you have made above? (If yes, please make sure the contact information is filled out below.)         |                          |                          | <b>No    Yes</b>                                  |
| Comments: _____<br>_____  |                          |                          | <input type="checkbox"/> <input type="checkbox"/> |

The following fields are optional:

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Development Name: \_\_\_\_\_ MSHDA #: \_\_\_\_\_