



Residential & Commercial

We don't cut corners... we clean them

www.kascleaning.com

CUSTOMER CONCERNS FORM

Please place the completed form where our cleaning team can easily find it.

Today's date:
Full name of customer account:
Service address:
Day time phone number:
E-mail address:

Cleaning needs to improve in The following room (s):	Placement of items after cleaning has been incorrect in the following room (s):	Specific items that have been Incorrectly placed after cleaning:
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Kitchen	
<input type="checkbox"/> Living room	<input type="checkbox"/> Living room	
<input type="checkbox"/> Bedroom (if applicable, Specify which bedroom):	<input type="checkbox"/> Bedroom (if applicable, please Specify which bedroom):	
<input type="checkbox"/> Bathroom (if applicable, Please specify which bathroom);	<input type="checkbox"/> Bathroom (if applicable, Please specify which bathroom):	
<input type="checkbox"/> Office	<input type="checkbox"/> Office	
<input type="checkbox"/> Den	<input type="checkbox"/> Den	
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Other (please specify):	

<p>Our staff is trained to move knickknacks to properly dust, vacuum and/or mop. Check the appropriate box (s) if you do not want knickknacks moved during cleanings.</p>
<p><input type="checkbox"/> Do not touch or dust the following furniture (please specify):</p> <p><input type="checkbox"/> Do not move any knickknacks</p> <p><input type="checkbox"/> Do not move the following knickknacks (please specify):</p>

<p>The following item, fixture, or room needs to be inspected for damage during a previous cleaning:</p>

<p>Additional comments:</p>