



University of California
San Francisco

Capital Projects & Facilities Management
Capital Projects Division
Campus Box 0894
Fax: 476-6503

Relocation Manager Evaluation Form (by Client)

Project No.:
Project Title:
Client:
Department:
Relocation Manager:

Please look at each of the listed service attributes. Rate them by priority, based on its importance to you. Likewise, score each attribute based upon final performance. Fold, staple, and drop in Campus Mail Box 0894. Thank you for your feedback and for helping our continuing effort to improve our services.

Priority Key
High = Very Important
Medium = Important
Low = Not Important

Score Key
5 = Excellent
4 = Good
3 = Satisfactory
2 = Less than Satisfactory
1 = Poor

1. Project "Process"	<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low	
a. Relocation Manager's understanding of your needs				1 2 3 4 5
b. Clear explanation of the roles and responsibilities of all project participants				1 2 3 4 5
c. Explanation of the procedures of contributing campus departments				1 2 3 4 5
d. Relocation Manager's helpfulness in resolving conflicts				1 2 3 4 5
e. Relocation Manager's effective management of project				1 2 3 4 5
f. Availability of both budgets and schedules				1 2 3 4 5
g. Usefulness of information provided in budgets, schedules and memos				1 2 3 4 5
h. Effective explanation of project budget by Project Manager				1 2 3 4 5
i. Clear understanding of the basis of project management fee				1 2 3 4 5
j. Relocation Manager's explanation of services provided				1 2 3 4 5
k. Relocation Manager's responsiveness to problems				1 2 3 4 5
l. Relocation Manager's promptness of response				1 2 3 4 5
2. Project "Status"	<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low	
a. Relocation Manager consulted with client on problem solving issues				1 2 3 4 5
b. Relocation Manager's efficiency with approved budget				1 2 3 4 5
c. Relocation Manager's justification of budget changes				1 2 3 4 5
d. Project was completed following the approved schedule				1 2 3 4 5
e. Relocation Manager's justification of schedule changes				1 2 3 4 5

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Date: _____

Scored By: (Optional) _____

Building Location of Scorer: _____



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Were there any lessons that would be useful for future projects?

Other Comments: (use back of form if necessary)

Date: _____

Scored By: (Optional) _____

Building Location of Scorer: _____