

Please tell me what you think! “2005 Print and Mail” version.

After moves are done, the Moving Director sends each person a summary of the cost of his or her move and a copy of this evaluation form. If you misplaced that copy, you may print and complete this version of the Moving Director’s survey of your Wisconsin Annual Conference UMC move in 2004. Please complete and mail it to the address shown below.

Please check all of the following statements that describe your move:

- A. BETWEEN pastoral appointments in this Conference.
- B. FROM a pastorate in another state and/or denomination TO a pastoral appointment in WISCONSIN CONF.
- C. FROM active ministry to RETIREMENT in WISCONSIN. OR: To RETIREMENT in ANOTHER STATE.
- D. FROM school, Extension Ministry (ABLC), or other leave TO a pastoral appointment in this Conference.
- E. TO Appointment as a Conference Camp Director or other program staff position.

NOTE: The estimated weight (when available) and actual scale weight for your professional move are on the cover letter.

- A) Did you know the estimated weight of your load? YES ___ NO ___ NOT SURE ___
- B) Was your load was estimated to be over the allowed weight? YES ___ NO ___ NOT SURE ___

What things did you do to minimize or lower the weight of your household goods? (CHECK ALL THAT APPLY)

Took things on trips to new church & home. ___ Donated, discarded or sold heavy things to lower weight. ___

Other: _____

Didn't have time to sort things. ___ Couldn't leave anything behind. ___.

How satisfied were you with . . .	Neither				
	Very Satisfied	Somewhat Satisfied	Satisfied Nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
1. Phone & E-mail contacts with the Moving Director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Information & answers from the Moving Director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Responsiveness of the Moving Director to your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Contacts with the mover’s Customer Service people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Mover’s procedures for estimating your moving needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The accuracy of the mover’s weight & space estimates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information from the mover’s Customer Service people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Printed information and tips provided by the movers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Efforts to fit loading and delivery dates to your situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The responsiveness of the mover’s staff to your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Professional attitude of moving van drivers and workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 12. Was there any damage or loss of your HOUSEHOLD GOODS during your move? Yes ___ No ___
 If YES, did you report it to the movers WITHIN 90 DAYS? Yes ___ No ___
 If YES, rate mover’s response to your reports & claims?

- 13. Was there any damage to your RESIDENCE during your move? Yes ___ No ___
 If YES, did you report it to the movers WITHIN 30 DAYS? Yes ___ No ___
 If YES, rate mover’s response to your reports & claims?

To get Graebel claim forms—call 1-800 373-4281

On the back of this sheet, please share useful things to know or do and tips & tricks, etc. that have improved your moves. Add anything else you’d like to tell me. **Thanks. Please mail to: John E. Moffatt 3812 Harvard Lane, Eau Claire, WI 54701-7799**