



Please take a moment to fill out the following survey to assist us in ensuring excellent customer service. Thank you in advance for your assistance.

1. What was the date of your experience with Police Department? _____

2. What was the reason you contacted the Police Department? _____

3. How was your initial contact with the Police Department?

Dispatcher - _____ Excellent Good Average Poor

Supervisor - _____ Excellent Good Average Poor

Officer - _____ Excellent Good Average Poor

4. Was the response time from the Police Department appropriate to you? [] Yes [] No

If not, how long did you wait: _____

5. Were the Police Department personnel courteous and friendly? [] Yes [] No

If no, please explain in detail: _____

6. Was your issue/problem resolved to your satisfaction? [] Yes [] No

If no, how would you have liked it resolved: _____

7. How was your overall experience with the Police Department? Excellent Good Average Poor

Please explain: _____

8. Feedback / Suggestions: _____
