



Date of Service:

Incident No.:

Emergency Service Delivery Survey

Please answer the following questions on a rating scale of 1 to 5

1 = Unable to Rate 2 = Poor 3 = Fair 4 = Good 5 = Excellent

- 1. Was your telephone call for assistance handled efficiently, courteously and without confusion?
1 2 3 4 5
- 2. Did help arrive within an acceptable time frame?
1 2 3 4 5
- 3. Did we seem to be well trained and capable of providing the required assistance?
1 2 3 4 5
- 4. Did our employees seem courteous and caring: did they treat you and your family with respect?
1 2 3 4 5
- 5. Did we perform all the actions you felt were necessary?
1 2 3 4 5
- 6. Did our employees explain what they did or were going to do for you?
1 2 3 4 5

Special Comments: _____

Thank you for taking the time to complete this form.