Madison Fire District- Customer Survey

Date of event: _____

Address: _____

Name/relationship to patient (Optional): _____

Phone (Optional): _____

E-mail (Optional): _____

The Madison Fire District is initiating a customer survey to evaluate and improve the quality of the services provided to the community. Please take 5 minutes and provide an honest evaluation of the service provided and participate in shaping the District in the future.

5= Excellent 3= Neutral 1= Poor N/A= Not applicable

911 Operators							**Comments:**
Courteous	5	4	3	2	1	N/A	
Helpful	5	4	3	2	1	N/A	
Emergency Response/Personnel							**Comments:**
Appearance of Personnel	5	4	3	2	1	N/A	
Skill level	5	4	3	2	1	N/A	
Courtesy	5	4	3	2	1	N/A	
Responsive to your needs	5	4	3	2	1	N/A	
Communication	5	4	3	2	1	N/A	
Emergency Response/Equipment							**Comments:**
Response time	5	4	3	2	1	N/A	
Equipment appearance	5	4	3	2	1	N/A	
Overall satisfaction	5	4	3	2	1	N/A	

Would you recommend the service to others? Yes No

Is there any employee or employees you wish to recognize? If so, list the names and reason for the recognition: _____

_____

Would you like an Officer of the Fire District to contact you? Yes No

Thank you for participating in our survey to improve the services offered to the community of Madison.

Please complete survey and place in self addressed postage paid envelope