

Madison Fire District- Web-based 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