

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 yo	our teleph 1	none ca 2	ll for ass	sistance 4	handled 5	efficiently, co	arteously and wit	hout confusion?
2.	Did hel	p arrive v 1	within a	an accep	table tii 4	me frame 5	?		
3.	Did we	seem to	be well	trained	and cap	pable of p 5	providing the re	equired assistance	?
4.	Did our	employe	ees seer 2	n courte	ous and	d caring: 6	did they treat y	ou and your fami	ily with respect?
5.	Did we	perform 1	all the 2	actions 3	you felt 4	were ned	cessary?		
6.	Did our	employe	ees exp	lain wha 3	t they o	did or wer	re going to do	for you?	
St	pecial Co	omments:							
_									

Thank you for taking the time to complete this form.