



## WILMINGTON FIRE DEPARTMENT

## **Customer Satisfaction Survey**

The Wilmington Fire Department wants to provide the public with the best services possible. Please help us improve our performance by answering the following questions:

## Please rate the service you received by circling the appropriate number.

		Very Good	<u>Good</u>	<u>Fair</u>	<b>Poor</b>	
1	Were our personnel polite and courteous?	□ 4	☐ 3	☐ 2	<u> </u>	
2	Did our personnel take care of you in a professional manner?	<b>4</b>	☐ 3	<u> </u>	<u> </u>	
3	Did the firefighters respond promptly?	<b>4</b>	<u></u>	_ 2	<u> </u>	
4	How knowledgeable and competent was our staff?	☐ 4	☐ 3	□ 2	□ 1	
5	Did the firefighters take time to explain their actions?	<u> </u>	<u></u>	_ 2	<u> </u>	
6	How satisfied were you with the Fire Department's service?	<b>4</b>	☐ 3	<u> </u>	<u> </u>	
7	Overall, how would you rate the City's Fire/EMS Department?	<b>4</b>	☐ 3	□ 2	<u> </u>	
If any Fire Department personnel were especially helpful, please let us know who and how they were helpful. We want to show them our appreciation:  Employee(s) Name:  Additional Comments:						
Date/Time I received service from the Fire Department:						
Address (optional):						
Please check the appropriate situation:    Emergency Situation    Non-Emergency Situation						
If you would like a Fire Department Representative to contact you, please provide your name and telephone number or e-mail address:						
Th	Thank you for taking the time to complete this survey. Your feedback helps us to improve the service to our citizens. Please e-mail the					

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completed survey to: wilmingtonfire@cj.state.de.us. You can also mail the completed form to: