McCone County Dispatch PO Box 201 Circle MT 59215 (406) 485-3405



Your Opinion Counts!

To help evaluate the quality of the service provided by our organization, we would appreciate your time and effort in completing the following questions. The questionnaire will be used to evaluate the skills of our employees and to assist in the development of future training programs.

Type of Call:	
Date of Call: Time of Call:	
The number I dialed was:	
My 911 call was answered in rings.	
After the call was answered, the call taker was cou	rteous.
Any 'hold time' was courteously requested or expla	ined.
The dispatcher was knowledgeable and confident.	
The dispatcher was calming and gave appropriate of	lirections.
The operator who assisted me was knowledgeable me reach the person I needed.	and provided the assistance I needed or helped
The dispatcher kept me informed of what he/she w	as doing with my call.
Overall on a scale of 1 (poor) to 10 (excellent) I we	ould rate the quality of the service I received a:
Please list the name of any dispatcher you would li	ke to commend:
As a result of your experience with us, what servic	e-related improvements can you recommend?