

Customer Service Survey
Park Forest Fire Department

1. Service ID Number: _____ ___ Did Not Meet Expectations
2. Date of Service: _____
3. Current residential zip code: _____
4. Age:
- ___ 18 – 30 ___ 51 – 60
___ 31 – 40 ___ 61 – 70
___ 41 – 50 ___ 71 +
5. Type of service received:
- ___ Structure Fire
___ Vehicle Fire
___ Auto Accident Incident
___ Carbon Monoxide
___ EMS_
___ Smoke/Odor Investigation
___ Other, please explain _____
6. My call to 9-1-1 was answered promptly. If you did not call 9-1-1, please select "Not Applicable".
- ___ Strongly Agree
___ Agree
___ Disagree
___ Strongly Disagree
___ Not Applicable
7. The 9-1-1 Operator handled my call in a professional and courteous manner. If you did not call 9-1-1, please select "Not Applicable".
- ___ Strongly Agree
___ Agree
___ Disagree
___ Strongly Disagree
___ Not Applicable
8. Please rate the overall service you received from the Park Forest Firefighters/Paramedics.
- ___ Exceeded Expectations
___ Met Expectations
9. The Park Forest Fire Department responded to my call for assistance in a prompt and timely manner.
- ___ Strongly Agree
___ Agree
___ Disagree
___ Strongly Disagree
___ Not Applicable
10. The response from the Park Forest Fire Department was helpful and addressed my problem/concerns.
- ___ Strongly Agree
___ Agree
___ Disagree
___ Strongly Disagree
___ Not Applicable
11. The Park Forest Fire Department personnel were professional and knowledgeable in responding to my needs.
- ___ Strongly Agree
___ Agree
___ Disagree
___ Strongly Disagree
___ Not Applicable
12. Were there any services you believe should have been provided that were not?
- ___ No
___ Yes, please explain _____

13. Please use the space below for any additional comments, complaints, compliments or concerns.
- _____

May we contact you regarding your survey? ___ No ___ Yes, please provide name and phone number below.

Name: _____

Phone Number: _____