

**CITY OF PLANTATION
RESCUE DIVISION**

CUSTOMER SERVICE QUESTIONNAIRE

Please help us improve our services by answering the questions below. We are interested in your opinions about the recent emergency medical service you received from the Plantation Fire Department.

PLEASE CIRCLE YOUR RESPONSE:	VERY SATISFIED	SATISFIED	ADEQUATE	UNSATISFIED	VERY UNSATISFIED
1. Were our personnel polite and courteous ?	5	4	3	2	1
2. Did our personnel take care of you in a professional manner?	5	4	3	2	1
3. Did we explain the treatment needed in an understandable way?	5	4	3	2	1
4. Overall, how satisfied were you with the care you received from us?	5	4	3	2	1

Did you have a need, related to your emergency, that you felt was **not addressed by our personnel**?

Please tell us the **single most important action** we took that made you feel better:

What could we have done differently that might have made your experience more positive?

Do you have any suggestions for our independent billing contractor?

Out of respect for our resident's privacy, we would like you to remain anonymous. However, if you want us to contact you regarding this survey or our services, please provide us with contact information on the spaces provided below.

Contact Name: _____

Contact Telephone Number: _____