

## E 9-1-1 SURVEY

Please complete and press SUBMIT button below.

1. Was your telephone to 9-1-1 answered in a timely fashion?  
YES \_\_\_ NO \_\_\_
2. How many times did the phone ring? \_\_\_\_\_
3. Was the 9-1-1 call processor professional in dealing with your call?  
YES \_\_\_ NO \_\_\_
4. Was he/she courteous? YES \_\_\_ NO \_\_\_
5. Did he/she seem confident and knowledgeable? YES \_\_\_ NO \_\_\_
6. If your call was transferred, were you transferred to the appropriate department or location? YES \_\_\_ NO \_\_\_
7. How would you rate the overall 9-1-1 service?  
ABOVE EXPECTATIONS \_\_\_ MEET EXPECTATIONS \_\_\_  
BELOW EXPECTATIONS \_\_\_
8. How would you improve our service? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Have you any questions about 9-1-1? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Please feel free to comment on any area of concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_