

**Bucks County 9-1-1
Emergency Dispatch Services
Quality Assurance Survey**

This survey was developed as part of a continuing effort to provide the citizens of Bucks County with the best possible service. If you recently experienced the need to call 9-1-1 for emergency assistance, please take a few moments to print a copy of the survey, complete it and return via fax or U.S. mail.

FAX: 267-885-1319

U.S. Mail: Bucks County 9-1-1
c/o Quality Assurance
911 Freedom Way
Ivyland, PA. 18974

Date of Call: _____ **Type of Call:** Police Fire Ambulance
Please circle

Approximate Time of your call: _____ **Municipality** _____

(Rating Scale 5=Excellent 1=Poor)

- | | | | | | |
|--|---|---|---|---|---|
| 1. When you called 9-1-1, was your call answered promptly? | 5 | 4 | 3 | 2 | 1 |
| 2. Do you feel the 9-1-1 personnel were knowledgeable? | 5 | 4 | 3 | 2 | 1 |
| 3. Do you feel your call was handled in a professional manner? | 5 | 4 | 3 | 2 | 1 |
| 4. Were the 9-1-1 personnel courteous and helpful? | 5 | 4 | 3 | 2 | 1 |
| 5. Did the 9-1-1 personnel understand your needs and obtain the necessary information? | 5 | 4 | 3 | 2 | 1 |
| 6. Overall, how would you rate the 9-1-1 service? | 5 | 4 | 3 | 2 | 1 |
| 7. Please share any comments or suggestions: | | | | | |

Thank you for your time and cooperation.

Please note: This is not a complaint form; therefore you will not receive a reply. This form applies only to the 9-1-1 call center's handling of the call. The form is not for the performance or actions of the emergency personnel that actually responded to your call.