

Dear Santa Maria Resident,

If you have recently received fire or emergency services from the Santa Maria Fire Department through the 9-1-1 emergency system, we would like to invite you to participate in a survey designed to rate our overall service and effectiveness.

As your Fire Chief for the City of Santa Maria, it is extremely beneficial to analyze our operations on a regular basis and make appropriate adjustments when needed.

This Customer Satisfaction Survey will aid in providing feedback from our customers and greatly assist us in the evaluation of the services we provide. Your responses will be kept with confidentiality as our intent for this survey is to only rate our overall customer satisfaction with regards to your experiences with our service.

Again, thank you for providing input regarding the fire department!

FIRE CHIEF
Santa Maria Fire Department



Please express yourself as completely as possible.

When you have finished, please send to:

**City of Santa Maria Fire Department
314 West Cook Street
Santa Maria, CA. 93458**

Please use the rating scale provided to identify your level of satisfaction with the service you received.

- 1) Poor
- 2) Less than Acceptable
- 3) Acceptable
- 4) Above Acceptable
- 5) Outstanding

Please enter number on each line below.

The 9-1-1 dispatcher was courteous and caring..... _____

The 9-1-1 dispatcher was attentive and professional..... _____

The fire department was prompt in responding to your call for assistance..... _____

The firefighters were courteous and caring..... _____

The firefighters were effective and professional..... _____

How would you rate these aspects of your experience?

The personal appearance of the firefighters..... _____

Your overall opinion of the service you received from the fire department..... _____

Your overall opinion of service you received from NON-fire personnel such as ambulance or police officers _____

Were there any particular problems at all with the service you received?

Yes No

If yes, please explain.

Are there any areas where we could improve our service on similar calls for assistance?

THANK YOU!

If you would like someone to contact you about the service you received, please include your name and telephone number. We will promptly contact you.

NAME: _____

PHONE #: () _____

Comments concerning services provided by American Medical Response, a private ambulance contractor, can be directed to their Director of Operations at (800) 688-6550