

# York County 9-1-1 Department of Emergency Services Quality Improvement Survey

This survey was developed as part of a continuing effort to provide the citizens of York 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 it via fax or U.S. mail. Thank you.

Fax: (717) 840-7553

U.S. Mail: York County 9-1-1  
c/o Quality Assurance Supervisor  
108 Pleasant Acres Road  
York, PA 17402

Date of your call:

Type of call: Police, Fire, Ambulance

Approximate time of your call:

Municipality for the incident:

Choose the appropriate choice:

(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 that 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:

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Thank you again for your time and cooperation. Please note that this is **not** a complaint form; therefore, you will not receive a reply. This form is for the 9-1-1 Center's handling of your phone call for assistance. This form is not for the performance or actions of the emergency personnel that actually responded to your call.