**Customer Satisfaction Survey**

Please consider completing and e-mailing this questionnaire regarding your satisfaction with the care and service you received.

None of the questions are mandatory. Feel free to leave out anything that makes you uncomfortable. Questions regarding dates help us to determine which crews were on duty at the time of your service, but are not meant to breach confidentiality in any way. You may leave out all dates, times, addresses, or circumstances that you feel may compromise your security or confidentiality.

Thank you.

**Employees**

Dear Customer,

The following questions are meant to tell us about the employees you had interactions with during your call:

Overall, I am very satisfied with the way Olney EMS personnel performed on this call.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

Olney EMS personnel are well trained.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

Olney EMS personnel are well supervised.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

Olney EMS personnel adhere to professional standards of conduct.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

Olney EMS personnel act in my best interest.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

Olney EMS personnel were neat and clean in appearance.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

Please feel free to elaborate on this incident, or any other experience you may have had with Olney EMS personnel.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNTS

Please consider the following statements regarding your account and how it was handled.

The company Account Manager is knowledgeable and professional.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

The Account Manager is helpful and understanding.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

The Account Manager responds to my inquiries in a timely manner.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

Overall, I am very satisfied with the Account Manager.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

Please add any comments necessary to clarify your position. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QUALITY

Olney EMS strives to meet the needs of our community, the surrounding community, and area hospitals in the care and transportation of the sick and injured. That need includes the expectations of the customers, their family members, and the employees of transferring and receiving facilities.

Please consider the following statements regarding quality of service, as well as personal interactions by Olney EMS personnel.

Olney EMS responded to my incident in a timely manner.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

Olney EMS personnel were polite and eager to assist with my needs.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

Olney EMS personnel were careful with my special equipment or circumstances in my care and transport.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

Olney EMS personnel interacted professionally with staff at the transferring or receiving facility.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

Olney EMS equipment and ambulance was clean and operated well during my care and transportation.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

Olney EMS personnel answered my questions and alleviated my concerns.

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

Please add any additional information you wish.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responding personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transferred from (city): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transferred to (city): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_