

Hunterdon County - Emergency Dispatch Services Quality Assurance Survey

This survey was developed as part of a continuing effort to provide the citizens of Hunterdon 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 submit the survey below on-line or you can print a copy, complete it then return via fax or U.S. mail.

EMAIL: bfahey@co.hunterdon.nj.us **FAX:** 908-788-1298 **U.S. Mail:** Hunterdon County c/o 911 Quality Assurance, 71 Park Ave., Flemington, NJ 08822

DATE OF CALL: _____ TYPE OF CALL: Police Fire Ambulance
(Please Check One)

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.

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**SUBMIT
FORM**