

City of Zion

Fire & Rescue Department 1303 27th Street Zion, Illinois 60099 (847) 746-4040 (847) 746-4025 (Fax)



Customer Satisfaction Survey

In order to keep the service we provide at the highest level possible to you and the community, ZFRD would value your feedback. In order to maintain this level, we ask that you evaluate our level of service by completing this questionnaire.

Date/Time you received service from ZFRD?					
Name (optional)					
Address					
City		State	Zip Cod	de	
Please check the appropriate situation: Emergency S	ituation	O Non-E	mergency Situ	ation	
If you would like a fire department representative to contact you,	please provide y	our telephone	e number or e	-mail address.	
Phone Number E-mail					
If any fire department personnel were especially helpful, please le them our appreciation.	t us know who a	nd how they v	were helpful.	We want to sh	IOW
Employee(s) Name:					
Additional Comments:					
Please rate the service you received by clicking the appropriate no	umber.				
	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	
1. Were our personnel polite and courteous?	6 4	○ 3	O 2	O 1	
2. Did our personnel take care of you in a professional manner?	O 4	○ 3	O 2	O 1	
3. Did our personnel respond promptly?	<u> </u>	○ 3	O 2	O 1	
4. How knowledgeable and competent was our staff?	<u> </u>	○ 3	O 2	O 1	
5. Did our personnel take time to explain their actions?	O 4	○ 3	O 2	O 1	
6. How satisfied were you with ZFRD's service?	O 4	○ 3	O 2	O 1	
7. Overall, how would you rate the service you received?	\bigcirc 4	\bigcirc 3	\bigcirc 2	O 1	

Thank you for taking the time to complete this survey. Your feedback helps us to improve service to our citizens. Please e-mail the completed survey to: justins@zion.il.us. Or you can mail the completed form to the attention of the Fire Chief at the address above.