

SERVICE EXCELLENCE SURVEY

DATE OF VISIT _____
TIME OF VISIT _____ AM PM

PLEASE PLACE IN THE "SERVICE EXCELLENCE SURVEY" BOX IN THE LOBBY, OR DROP IN THE U.S. MAIL. THANK YOU.

By answering these questions, you can help us improve our service. Please take a few minutes to fill out this questionnaire. You do not need to give us your name. Your comments will be read and used to provide better service to you.

1. Why did you come to the **PASADENA POLICE DEPARTMENT**?

- Make a crime report Make a traffic accident report Obtain a police report
 Fingerprint service Obtain a vehicle release Pick up property
 Seek information about _____
 Other _____

2. Were your needs attended to promptly? Yes No

If "NO", how long was the delay? _____
How could we have provided better service? _____

3. Was the staff knowledgeable? Yes No Were they helpful? Yes No
Were they friendly and polite? Yes No

4. Did any particular employee(s) assist you in a manner that exceeded your expectations? Yes No
Name(s) _____

5. Were you able to complete your business at the station? Yes No
If not, why? _____

Did you expect follow-up contact? Yes No
Was the contact made, and did it meet your expectations? Yes No

6. Was the department: Clean? Yes No Easily Accessible? Yes No

7. Who provided service to you? (Check all that apply)
 Records Section Employee Community Services Receptionist Jailer
 Police Officer Property Employee Other _____

IF YOU WOULD LIKE A RESPONSE to any of your concerns, please **PRINT** your name, address, phone number, and any report number below:

NAME (Mr., Mrs., Ms.)		REPORT NUMBER (if any)
ADDRESS	CITY	ZIP CODE
DAY TELEPHONE NUMBER ()		EVENING TELEPHONE NUMBER ()

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