

**Bucks County 9-1-1  
Emergency Dispatch Services  
Quality Assurance Survey**

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

**FAX:** 215-885-1319

**U.S. Mail:** Bucks County 9-1-1  
c/o Quality Assurance  
911 Freedom Way  
Ivyland, PA. 18974

**Date of Call:** \_\_\_\_\_ **Type of Call:** Police    Fire    Ambulance  
Please circle

**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:   |   |   |   |   |   |

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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.