



LACKAWANNA COUNTY 9-1-1 SURVEY

1. Have you ever had to call 9-1-1 before? Yes No
2. Was your 9-1-1 call answered promptly and professionally? Yes No
3. Was the dispatcher courteous and helpful in taking the information about your emergency? Yes No
4. Did the 9-1-1 dispatcher understand your needs and obtain the necessary information? Yes No
5. Were emergency telephone instructions for a medical emergency offered? Yes No N/A
6. If yes, were the medical instructions helpful? Yes No N/A
7. Were you asked to hold the line during you 9-1-1 call? Yes No
8. If yes, did the dispatcher explain their actions during your call? Yes No
9. Did the dispatcher speak clearly and slowly during the emergency call? Yes No
10. Overall, did your experience with the 9-1-1 service:

___ Far Exceed Expectations

___ Meet Expectations

___ Exceed Expectations

___ Not Meet Expectations

11. We continually strive to improve our level of service. Do you have any comment or suggestions to help us?

Optional: Name: _____

Address: _____

Phone: _____

Do you wish to be contacted regarding this survey? ___Yes ___No

Thank You

Lackawanna County Department of Emergency Services