



CITIZEN FEEDBACK FORM

Date: 6/3/2010

Complaint #
Incident Type
Officer(s)
Comm. Serv. Tech.
Sergeant(s)

Your Name (optional)

1. How would you rate your experience with the first person/telecommunicator you had contact with?
Did you: Walk In Call Police Administration Call 911

Very Friendly Friendly Acceptable Less than Acceptable Very Poor DNA

Comments: _____

2. How would you rate the response time it took for the Officers to arrive at or handle this incident?
 Very Prompt Prompt Acceptable Slow Very Slow DNA

Comments: _____

3. How friendly was the Officer(s) that responded to the scene or handled the incident?
 Very Friendly Friendly Acceptable Unfriendly Very Unfriendly

Comments: _____

4. In your opinion, the Officers handled your call or incident.
 Extremely Well Well As Expected Not Very Well Very Poorly

Comments: _____

5. How well did the Officer(s) explain or discuss the circumstances, handling or disposition of this incident?
 Exceptionally Well Well As Expected Not Very Well Very Poorly

Comments: _____

6. Overall, how would you rate the professional demeanor of the Officer(s) handling of this incident?

- Very Professional Above Average Average Below Average Very Poor

Comments: _____

7. After your contact with all of the Police employees involved in this incident, your overall impression of the Carol Stream Police Department?

- Very Friendly Friendly Acceptable Less than Acceptable Very Poor

Comments: _____

8. Please provide any concerns you may have regarding the security and safety of your community.

9. Are there any recommendations or suggestions for the improvement of police service?

Please use the following space for further comments:

