Armstrong County 9-1-1
Department of Public Safety
Quality Improvement Survey

This survey was developed as part of a continuing effort to provide the citizens of Armstrong County with the best possible service. If you recently had the need to call 9-1-1 for assistance, we are interested in feedback about your experience. Please take a few moments to complete the following survey and return it to:

Armstrong County 911
450 East Market Street, Suite 60
Kittanning, PA 16201
Attn: 911 Coordinator

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Date of your call	
Approximate time of your call	
Type of call	**Fire Police Ambulance Other**
Location (include Twp/Boro)	

Circle the appropriate choice: (Rating Scale: 5 = Excellent ……1= Poor)

1. When I called 9-1-1, my call was answered promptly	5	4	3	2	1
2. The 9-1-1 personnel were knowledgeable	5	4	3	2	1
3. My call was handled in a professional manner	5	4	3	2	1
4. The 9-1-1 personnel were courteous and helpful	5	4	3	2	1
5. The 9-1-1 personnel understood my needs and obtained 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:

Thank you for your time and cooperation. Please note that this is not a complaint form; therefore, you will not receive a reply. This form is not for the performance or actions of the emergency personnel who physically responded to your call. This form is for the 9-1-1 Center's handling of your phone call for assistance.