



NEW BERN FIRE RESCUE
Customer Service Survey

Incident Report #: _____

TELL US HOW WE'RE DOING

New Bern Fire Rescue wants to provide the public with the best service possible. In an effort to help us improve, please take a moment to rate our recent response or service provided to you. Thank you for your time in assisting us.

1. Was the 9-1-1 system prompt and courteous? Yes No

Comment: _____

2. Did the Fire Department respond promptly? Yes No

Comment: _____

3. Were Fire Department personnel courteous? Yes No

Comment: _____

4. Did you feel Fire Department personnel performed their jobs quickly and efficiently? Yes No

Comment: _____

5. Did Fire Department personnel take time to explain their actions? Yes No

Comment: _____

6. **Did the Fire Department take special care of you and your property?** Yes No

Comment: _____

7. **Did the Fire Department take personal responsibility to answer your questions and resolve your problems?**

Yes No

Comment: _____

8. **Overall, were you satisfied with the Fire Department's service?** Yes No

Comment: _____

9. **Were there any services that you believe should have been performed, that were not offered?**

Yes No

Comment: _____

11. **Would you like to discuss your emergency with the Fire Chief?** Yes No

If yes, please provide the following information:

Name: _____ Phone #: _____

Additional Comments: _____

