



How did we do?

“Our mission is to provide you with the highest quality ambulance service possible. Your suggestions help us to find ways to improve. Please take a moment to fill out this brief questionnaire and return it using the self-addressed, stamped envelope we have provided. Thank You for your comments”

- Keith Rippy, Executive Director

	Yes	No
Did the ambulance arrive promptly?	<input type="checkbox"/>	<input type="checkbox"/>
Was the crew skilled and professional?	<input type="checkbox"/>	<input type="checkbox"/>
Were the caregivers caring and sensitive?	<input type="checkbox"/>	<input type="checkbox"/>

Please rate our overall service:

Excellent Adequate Needs improvement

I am: 9-1-1 Emergency Call patient
 Non-Emergency services patient
 Family or friend of the patient
 Other _____

Ambulance trip (date & time) _____

Comments _____

	Yes	No
Can we use your name and/or comments as a testimonial for future marketing pieces?	<input type="checkbox"/>	<input type="checkbox"/>

Your Name _____

Address _____

City, State, Zip _____

-- Thank You for Your Time --