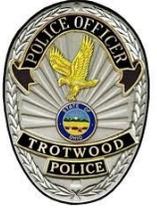


Citizen Survey

Return survey Police Department

Please return survey to:

Trotwood Police Department
3505 Olive Road
Trotwood, OH 45426-2698



Phone: 937-854-7204
Fax: 937-837-9851
Email: kadams@trotwood.org

- | | Yes | No | N.A. |
|--|--------------------------|--------------------------|--------------------------|
| 1. If you contacted us, did the dispatcher answer your call promptly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was the dispatcher courteous? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was it your impression that the dispatcher handled your call in a professional manner? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the officer respond promptly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the officer display a professional attitude and behavior? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was it your impression that the officer truly cared about resolving your problem or complaint? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did the officer attempt to answer your questions or resolve your concerns? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Was the officer knowledgeable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Were you advised of the outcome of your complaint in a timely fashion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Were your needs as a victim or witness met by the Police Department? <small>(If no, please write recommendation in space below)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had a bad experience with any Trotwood Police officers? <small>(If yes, please write your experience below)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has there ever been a time where you were mistreated by Trotwood Police? <small>(If yes, please write your experience below)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How would you rate our overall agency performance with respect to the handling of your problem or complaint? Please use the scale of 1 (poor) to 10 (excellent) shown below and circle the number you believe to be appropriate.

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

How would you rate the overall competence of our agency's department members?

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Please list your recommendations for the improvement of, or addition to, services, programs, policies or procedures provided by the Police Department. _____

Please list your concerns about safety and/or security in your neighborhood or Trotwood as a whole (please be specific about locations.) _____

Optional:

Name

Address

Phone

***Thank you for completing this Citizens Survey!
We are proud to protect and serve you.***