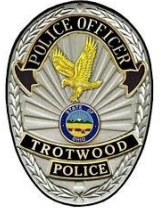


Citizen Survey - 2024

Return survey to PD lobby, utility drop box, or mail w/ utility payment

Please return survey to:

Trotwood Police Department
 3035 Olive Road
 Trotwood, OH 45426-2698



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



Optional:

 Name

 Address

 Phone

Interaction with Dispatch

- | | Yes | No | N.A. |
|--|--------------------------|--------------------------|--------------------------|
| 1. If you contacted us (911 or another way), 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. If your call was an emergency, 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. Did the officer truly make an effort to resolve your problem or complaint? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did the officer answer your questions and/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"/> |

Interaction with Officers

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 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"/> |
| 13. How often do you see Police in your neighborhood? (circle one) Daily Weekly Monthly Rarely Never | | | |
| 14. Were you treated with courtesy by the Records Clerks while in the Police Department? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. How would you rate our overall performance? 1 (poor) to 10 (excellent) circle the number you believe to be appropriate. | | | |
| Poor 1 2 3 4 5 6 7 8 9 10 Excellent | | | |
| 16. 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 | | | |

Additional Comments

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.) _____

Thank you for completing our Citizens Survey! We are proud to protect and serve the Citizens of Trotwood.