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## CUSTOMER SERVICE SURVEY

Rockwall County EMS always strives to provide the best care possible to our patients. We would like to know how well we did taking care of you or your loved one. Please take a brief moment to fill out this survey. You can mail it back with your payment or directly to PO Box 2125, Rockwall, TX 75087 or you can fax it to 972-772-0331. This can also be downloaded at [www.rockwallems.com](http://www.rockwallems.com). Thank you for taking the time to improve the Emergency Medical Services in Rockwall County.

Name of Patient: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Your Name: \_\_\_\_\_

**1. How do you view the care the patient received? (poor) 1 2 3 4 5 (excellent)**

**2. How was our response time? (slow) 1 2 3 4 5 (very fast)**

**3. How was our appearance? (poor) 1 2 3 4 5 (very professional)**

**4. Did we act professionally? (poor) 1 2 3 4 5 (very professional)**

**5. Were the services worth the fees charged? (no) 1 2 3 4 5 (absolutely)**

**6. Would you like a Rockwall County EMS employee to contact you? NO  YES**

**7. Additional Comments/Questions** (please describe any negative responses): \_\_\_\_\_

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