

PAGEDALE POLICE DEPARTMENT

CALEA 45.2.2

Quality of Service Evaluation

Pagedale Resident,

You are receiving this survey because we value your opinion of the Pagedale Police Department. In order to monitor the quality of service that we are providing, we respectfully ask that you complete the following survey. *All of your answers are strictly confidential.*

Thank you,

Colonel Anthony T. Huckleberry Chief of Police Pagedale Police Department

IVI	aie	remaie	Res	ident of the City of Paged	iaie Yes _	NO	
ge:	Under 21	21-30	31-40	41-50	51-60	Over 60	
1.			edale Police Offic	er in the last 90 days?	Yes	No	
	(If NO, please sk	ip to question 5)					
	2. Did the Office	r treat you with cou	rtesy and respect	?	Yes	No	
	3. Did the Office	r present a positive a	and professional	image by his/her dress,	Yes	No	
	demeanor, an	d mannerisms?					
	4. Did the Office	r appear to be know	Yes	No			
	that you were	dealing with, or did					
	service for assistance?						
5.	Do you feel that	Pagedale Police Offi	cers respond to d	alls in a timely manner?	Yes	No	
5 .	•	Pagedale Police Offi	•	-	Yes	No	
7.	•	ow many times a we		•			
		e Officer patrolling y	•	1-5 5-10	10-15	16+	
8.	_	ee years ago, how d		Much Worse O	Worse O	Same O	
		Department is doing		Better O	Much Bett		
9.	•					0 40 50	
.0.	Please rate the Pagedale Police Department on a scale of 1 (Bad) to 5 (Best): In general, do you feel Police are needed to provide a safe community?				Yes		
1.	In general, do you feel that the Pagedale Police do a good job of providing				Yes	No	
	police service to	_	date i office do a g	ood Job of providing	165		
2.	•	u feel safe in your n	eighhorhood?		Yes	No	
.a.	•	•	-	e for the community?			
		,		,			
4.	If you are a Page	dale resident, please	e identify any pro	blems or concerns that ex	kist in vour neighb	orhood:	
	, 0		, , , ,		, 0		
5.	Please list any ot	her comments/cond	erns that you ma	y have:			
	,	·	,	•			
6.	OPTIONAL: Please indicate your name and address:						

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