

Orleans Police Department Citizen Service Survey

If you recently had an occasion to contact one of our officers, we would like to know how you perceived their performance. We continually evaluate ourselves and seek input from residents on ways to improve our performance and the services that we deliver. With your input, we will be able to better assess our personnel, identify training needs and the possibly of policy changes and development. We would appreciate if you would take a few minutes and complete the survey below.

To Complete; Tab through each field and fill in your answer or make a selection which best describes the service provided. After completing the form, you can mail it back to the Orleans Police Department, or save it and email it back to any member of the Department, including the Chief, at the email address provided under the section of Roster/Phone Directory of this website.

Name (Last, First, Middle):	
Address:	
Home Telephone:	
Officer Involved:	
Date of Incident:	
Did the department answer the telephone quickly?	Yes <input type="checkbox"/> _____ No <input type="checkbox"/> _____
Were you satisfied with the operator's handling of your call?	Yes <input type="checkbox"/> _____ No <input type="checkbox"/> _____
Did the officer (s) respond quickly to your call for services?	Yes <input type="checkbox"/> _____ No <input type="checkbox"/> _____
Approximately how long did it take for the officer (s) to respond after being called?	3 to 5 minutes <input type="checkbox"/> _____ 5 to 8 minutes <input type="checkbox"/> _____ 8 to 12 minutes <input type="checkbox"/> _____ Longer than 12 minutes <input type="checkbox"/> _____
If the officer's response was delayed, was this explained to you?	Yes <input type="checkbox"/> _____ No <input type="checkbox"/> _____
Was the officer courteous?	Yes <input type="checkbox"/> _____ No <input type="checkbox"/> _____
Did the officer (s) identify themselves?	Yes <input type="checkbox"/> _____ No <input type="checkbox"/> _____
Did the officer appear knowledgeable?	Yes <input type="checkbox"/> _____ No <input type="checkbox"/> _____
Did the officer obtain all the information that seemed pertinent under the circumstances of this contact?	Yes <input type="checkbox"/> _____ No <input type="checkbox"/> _____

