



THANK YOU FOR CHOOSING
LEROY EMERGENCY AMBULANCE SERVICE, INC.

303 S. East St., LeRoy, IL 61752
Phone: (309) 962-6114 Fax (309) 962-5054

Date: _____ Calling Facility: _____

1= Poor 2=Fair 3= Average 4= Above Average 5= Excellent

Dispatch Process:

- Was the process easy to get an ambulance to your facility? _____
- Was the dispatcher courteous and timely in providing service needed? _____
- Were the services delivered in a timely manner? _____

Please rank the medical staff that cared for your patient:

- Were they courteous to the patient, family, and staff? _____
- Were they knowledgeable? _____
- Were they professional for the situation? _____
- Did they offer compassion to the patient and family? _____
- Did the crews introduce themselves? _____

Contact/ Follow up:

Would you like a follow up on this transfer? _____
Who should we contact (optional)? _____
Best way to contact you: _____
Email address: _____

Suggestions/ Comments:

**Please fax completed
Evaluation to
(309) 962-5054**

All surveys are confidential and are used for the sole purpose of improving our service, patient care and staff.