

901 West First Street - Post Office Box 911 - Sumner, IA 50674

Business Telephone: 563.578.8888 - Non-Emergency Dispatch Telephone: 563.352.5400

Website: www.sumnerems.com - Electronic Mail: director@sumnerems.com

**Dispatch # Date of Service:**

At SEMS Paramedic Services, we appreciate your business and hope we have earned your continued trust. In our effort to continually improve the quality and value of services we provide, we hope that you will take a few moments and complete the short survey below. We value your input and appreciate your time. Please return this survey in the enclosed addressed envelope. Thank you.

RESPONSES [**1**] Strongly Agree, [**2**] Agree, [**3**] Neutral, [**4**] Disagree, [**5**] Strongly Disagree

 **1 2 3 4 5**

1. The dispatcher was courteous and professional. [] [] [] [] []

2. The response of the ambulance was timely. [] [] [] [] []

3. The ambulance and equipment was clean and orderly. [] [] [] [] []

4. SEMS crew presented a professional appearance. [] [] [] [] []

5. SEMS crew was courteous. [] [] [] [] []

6. SEMS crew was knowledgeable. [] [] [] [] []

7. SEMS met or exceeded the needs of the patient. [] [] [] [] []

8. The patient’s pain was adequately managed. [] [] [] [] []

9. SEMS met or exceeded the needs of the patient’s family. [] [] [] [] []

10. The patient and/or family was informed and involved in making

 decisions concerning care and transportation. [] [] [] [] []

Additional comments or personnel to be recognized?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **[] YES, I wish to be contacted by SEMS Paramedic Services management to discuss this further.**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_