**Fire Department Memorandum**

**DATE:** <Date>

**TO:** All Fire Department Personnel

**FROM:** Fire Chief

**SUBJECT:** Citizen Satisfaction Survey Program

As part of determining how well we do our job and measuring our successes, on <DATE>, we will begin a program to ask for feedback from our customers. On every emergency response that we make (defined as an NFIRS report is required), please leave a copy of the <Anytown> Fire Department After Incident Survey form and ask the resident or business owner to complete the form and return it to the fire department. The form is one page, double sided, and there is a greeting and explanation from me to the resident or business owner about the form, the survey’s purpose, and how to return the survey form to the fire department.

The form is divided into 4 parts. The top part (questions 1 – 8) should be completed for any response. The second part (questions 9 – 18) should be completed for fire related responses only. The third part is for any comments the person may wish to make. The fourth part is for their contact information, if they choose to provide it, as they may respond anonymously.

When you hand the person the form, explain to the them that we value their input as to how well we have done our job and met their needs, that the survey is strictly voluntary, that they may remain anonymous in their response if they so desire, and that they may request that someone from the fire department contact them.

If the person has had a serious fire causing significant damage, you should leave a copy of the *After The Fire* booklet. The Fire Marshal’s Office can provide you with additional copies of this booklet.

I ask that you leave a copy of the survey on every response, but I understand that sometimes, especially on EMS calls, the situation may be such that emotionally the person we are serving may be in such a state that it would be inappropriate to actually hand them a survey, or that they may be unconscious from an MVC, etc.. Therefore, the fire department will mail a copy of the survey to the home address of the EMS patient, so please get an accurate address for the patient. It is the department’s goal to leave or send a copy of the survey form on all calls if possible.