Armstrong County 9-1-1
Department of Public Safety
Quality Improvement Survey

This survey was developed as part of a continuing effort to provide the citizens of Armstrong County with the best possible service. If you recently had the need to call 9-1-1 for assistance, we are interested in feedback about your experience. Please take a few moments to complete the following survey and return it to:

Armstrong County 911
450 East Market Street, Suite 60
Kittanning, PA 16201
Attn: 911 Coordinator

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Date of your call	
Approximate time of your call	
Address (optional)	
Type of call	**Fire Police Ambulance Other**
Location (include Twp/Boro)	

Circle the appropriate choice: (Rating Scale: 5 = Excellent ……1= Poor)

1. When I called 9-1-1, my call was answered promptly	5	4	3	2	1
2. The 9-1-1 personnel were knowledgeable	5	4	3	2	1
3. My call was handled in a professional manner	5	4	3	2	1
4. The 9-1-1 personnel were courteous and helpful	5	4	3	2	1
5. The 9-1-1 personnel understood my needs and obtained the necessary information	5	4	3	2	1
6. Overall, how would you rate the 9-1-1 service?	5	4	3	2	1

7. Please share any comments or suggestions:

Thank you for your time and cooperation. Please note that this is quality assurance survey; therefore, you will not receive a reply. This form is not for the performance or actions of the emergency personnel who physically responded to your call. 911 has no control over the actions of the responders who actually handled your emergency. This form is only for the 911 Center's handling of your phone call for assistance.