Lockhart Fire Rescue – Call for Assistance Performance Evaluation

As public servants, Lockhart Fire Rescue is interested in <u>YOUR</u> evaluation of the performance of our personnel. We value your opinion so that improvements may be made where necessary. Your complete satisfaction is our essential mission and number one priority. Please rate the **QUALITY** of service you received on a scale of Zero (Poor) to Five (Excellent). Also feel free to make any additional comments in the space provided. Thank you for your time in completing this evaluation.

On a sc	ale of Zero (Poo	or) to Five (Excelle	ent), how would you r	rate the OVERALL service	e delivery?	
	ZERO	□ ONE	□ TWO	☐ THREE	☐ FOUR	☐ FIVE
NON-E	MERGENCY I	NCIDENTS (Insp	ections, code Enforce	ement, Plan Review, Publi	c Assists, etc.):	
1.	Was Fire Reso	cue's response?	□ Yes □	No		
	If no, please explain:					
2.	Did the Firefighters perform in a professional manner? \Box Yes \Box No					
	If no, please explain:					
3.	Did the Firefighters offer further information in order to assist you with this incident? \square Yes \square No					
	If no, please explain:					
4.	Were the Firefighters courteous and were explanations offered for actions taken during this incident? ☐ Yes ☐ No					
	If no, please explain:					
5.	Upon completion of service, did the Fire Department help to restore the area back to or as near to normal as possible? Yes No					
	If no, please explain:					
6.	Do you feel the department did everything necessary to provide assistance to you? \Box Yes \Box No					
	If no, please explain:					
Name:			Add	lress:		
Teleph	one:		Dat	e of Service:	· · · · · · · · · · · · · · · · · · ·	
Type o	f Service Rend	ered:				

Please complete and return this survey to:

William R. Jenkins, Fire Chief/EMC 201 West Market Street Lockhart, Texas 78644 rjenkins@lockhart-tx.org

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