



Dearborn Fire Department Quality Assurance Program



Dearborn Fire Department Customer Service Survey

The Dearborn Fire Department is continuously striving to improve services and their delivery to the public. We would appreciate if you would take a few minutes to answer a couple questions regarding your interactions with Dearborn Fire personnel. Please complete as much as you feel comfortable. The more information we receive, the better Dearborn Fire can keep improving our services.

Return the enclosed document to the following address:

Dearborn Fire Department
Quality Assurance Program
3750 Greenfield Road
Dearborn, MI 48120

Or, if you prefer to submit a digital version, you may do so by scanning the QR Code below.

QR CODE for electronic submittal:





Dearborn Fire Department Quality Assurance Program

Emergency & Non-Emergency Incident Responses

Please complete as much as you feel comfortable.

The more information we receive, the better we can keep improving our services.

1) Date of Incident: _____

2) Incident Address: _____

3) Nature of Call for Assistance: [Circle answers below where it is not fill in the blank](#)

- Fire
- Car Accident
- Other
- EMS
- Down Powerline

4) Call for Assistance Details: _____

5) Please rate the 9-1-1 Operator

Highly Dissatisfied					Highly Satisfied
1	2	3	4	5	

6) Comments Regarding the 9-1-1 Operator: _____

7) The Fire/EMS personnel arrived in a timely manner?

- Yes
- No
- Not Applicable

8) Did the Fire/EMS Personnel appear and act professional?

- Yes
- No
- Not Applicable

9) Were the Firefighter/Paramedic(s) knowledgeable & competent in dealing with your emergency?

- Yes
- No
- Not Applicable

10) Did Firefighter/Paramedic(s) answer your questions, keep you informed, and have positive disposition?

- Yes
- No
- Not Applicable



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11) Did Firefighter/Paramedic(s) answer your questions, keep you informed, and have positive disposition?

- Yes
- No
- Not Applicable

12) Did firefighters/paramedics provide referrals or information after the incident to meet your needs?

- Yes
- No
- Not Applicable

13) Overall, how would you rate the service you received from Dearborn Firefighter/Paramedic(s)?

Highly Dissatisfied						Highly Satisfied
1	2	3	4	5		

14) Names or description of firefighter/medics if you can recall. _____

15) Please tell us the single most important action we took that helped you feel better. _____

16) What could we have done differently that might have made your experience more positive? _____

17) Comments/Any other information that you can give that would assist us improve our level of services: _____

Thank you for taking the time to complete the Quality Assurance Form.

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- Dearborn, MI 48120

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