

COMMUNITY ORIENTED POLICING CUSTOMER SERVICE SURVEY

Dear LPD Customer,

In keeping with the vision of the Lincoln Police Department, we strive to provide "Professional Law Enforcement as a Community Service." We request your assistance in evaluating how well we are doing. Please take a few moments to provide information on your most recent experience with the Lincoln Police Department.

Joel Neves
Chief of Police
916.645.4040

Date of service: _____ Time of service (approximately, if known): _____

How was service accessed? Called Police Department Flagged Down Officer Other: _____

| | |
|-----------------|---|
| DISPATCH | Did you speak with a Dispatcher? <input type="checkbox"/> Yes <input type="checkbox"/> No In how many rings was your call answered? _____ If so, were they professional, polite, and respectful? _____ Were you asked the proper questions in the appropriate amount of time? _____ |
|-----------------|---|

| | |
|---------------|--|
| PATROL | Did you speak with a Patrol Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No Name (if known): _____ If so, were they professional, polite, and respectful? _____ Did the Officer / employee respond in a timely manner? _____ |
|---------------|--|

| | |
|----------------|---|
| INVEST. | Did you speak with a Detective? <input type="checkbox"/> Yes <input type="checkbox"/> No Name (if known): _____ If so, were they professional, polite, and respectful? _____ Was your case handled in a reasonable time and all of your questions answered? _____ |
|----------------|---|

| | |
|-----------------|--|
| C.O.P.S. | Did you speak with a Citizen Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No Name (if known): _____ If so, please describe the nature of your contact: _____ Are you aware of the services provided by our Volunteers? _____ |
|-----------------|--|

| | |
|----------------|---|
| RATINGS | Were you satisfied overall with the service that was delivered? _____ Overall grade for this service: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
|----------------|---|

EXPERIENCE

What did you like most about your contact with the Lincoln Police Department?

SUGGESTIONS

What would you suggest we improve upon?

IDEAS/COMMENTS

Other ideas / comments?

CONTACT

(Optional)
Occasionally, follow up phone calls are conducted to assist us in improving our services. By completing the section below, you may be contacted by a Lincoln Police Department employee for further information regarding your experience. This is strictly voluntary and is not required when returning this survey.

Name: _____
Phone Number: _____

For Office Use Only

Received _____ Incident # _____

Notes
