



PORT WASHINGTON FIRE/RESCUE EMS FEEDBACK

Port Washington Fire/Rescue takes pride in delivering the best pre-hospital emergency medical care possible. Your feedback is vital! The information collected in this brief survey provides actionable feedback directly to our EMTs and Paramedics. Please do not provide any protected/secured information. We will contact you by phone or email should any additional details be needed. Select the circle that best describes your experience. If a question does not apply to you or is unknown, please skip to the next question.

Date/Time of Service

MM / DD / YYYY at HH : MM AM PM

Person Completing Survey

Patient Spouse Parent/Guardian Other | _____

Contact Number or E-Mail

The EMTs and Paramedics took your condition seriously and worked to provide efficient transport to the hospital.

Strongly Disagree Strongly Agree

The EMTs and Paramedics demonstrated that they were knowledgeable about your symptoms.

Strongly Disagree Strongly Agree

The EMTs and Paramedics kept you informed about your condition and included you in treatment decisions.

Strongly Disagree Strongly Agree

The EMTs and Paramedics acted professionally.

Strongly Disagree Strongly Agree

The EMTs and Paramedics worked well together to provide care.

Strongly Disagree Strongly Agree

The EMTs and Paramedics showed concern for your privacy.

Strongly Disagree Strongly Agree

The ambulance arrived promptly.

Strongly Disagree Strongly Agree

The ambulance and equipment appeared clean and organized.

Strongly Disagree Strongly Agree



PORT WASHINGTON FIRE/RESCUE EMS FEEDBACK

Please rate the overall care provided by Port Washington Fire/Rescue.

Poor

0

0

0

0

0

Excellent

What could we do better next time?

Any additional comments or feedback you would like to share?

Thank you for taking a few minutes to complete the survey. Please return to the following address:

Port Washington Fire Department
Attn: Feedback Survey
100 West Grand Avenue
Port Washington, WI 53074