

Walsh Ambulance Service Customer Survey

Please take a moment to fill out this short and simple survey regarding you or your family member's recent use of the Walsh Ambulance Service. We are conducting these surveys in an effort to provide our community the highest level of care we can. We are happy to know your honest thoughts and opinions. We have also included a postage paid envelope to return this survey in. Please let us know if you have any immediate needs or concerns regarding your recent use of the Ambulance Service by calling 719-252-3118 or emailing us at walshambulance@hotmail.com. Thank you for being the most important part of our service, the customer.

Patients Name (Optional): _____

Date of Call (mm/dd/yyyy): _____

Rate the following areas: 1 being excellent, 2 good, 3 average, 4 below average, 5 poor.

Level of Service by Dispatch	1	2	3	4	5
Timeliness of Response	1	2	3	4	5
Crew Appearance	1	2	3	4	5
Cleanliness of Ambulance	1	2	3	4	5
Crew Professionalism	1	2	3	4	5
Crew interaction with Patient	1	2	3	4	5
Crew interaction with Family	1	2	3	4	5
Overall Care Received	1	2	3	4	5
Overall Experience with EMS	1	2	3	4	5

Please explain any 4's or 5's :

If you called the billing office, please rate your experience with them:

Overall Experience with Billing 1 2 3 4 5

Other Comments or suggestions:

Name of person completing the form: _____

Relationship to the Patient: _____

Your email: _____

Your phone (if you want a return call): _____