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| **Buffalo Police Department Customer Comment Card** | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Which member(s) of our department did you come into contact with? Please check all that apply:

[ ] Office Staff [ ]  Officer [ ]  Detective [ ]  Supervisor

Please describe the purpose for your contact with our department:

[ ]  Victim [ ]  Witness [ ]  Seeking Information [ ]  Arrested [ ]  Other

Please rate our contact with you on the following scale, with 1 being poor and 5 being excellent (Please circle your response). Did our staff:

|  |  |
| --- | --- |
| * Treat your issue seriously and with importance?
 | 1 2 3 4 5 |
| * Listen to your needs and concerns?
 | 1 2 3 4 5 |
| * Treat you professionally and respectfully?
 | 1 2 3 4 5 |
| * Meet your expectations?
 | 1 2 3 4 5 |
| * Explain what we could do to attempt to resolve your concern?
 | 1 2 3 4 5 |
| Please rate your overall experience with our department. | 1 2 3 4 5 |

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| Other Comments: |

If you would like to be contacted by someone from our department for further comments, please provide the following:

|  |  |
| --- | --- |
|  |  |
| Name | Phone Number |