

CUSTOMER SERVICE SURVEY



Eagle Pass Fire Department
2558 El Indio Highway
Eagle Pass TX 78852
Phone: 830-757-4231
Fax: 830-757-9152

Our goal is to provide **outstanding** customer service. Please rate the service you received. Check the box that best describes your experience. If a question does not apply to you, **skip** to the next question.

1. Enter today's date: _____
2. Please tell us the date of your emergency: _____
3. Patient Age: _____
4. Patient Gender: Male Female
5. Why did you need medical assistance? *(Enter the generic nature of your emergency.)*

6. Are you the patient? Yes No
If not, what is your relationship to the patient?
 Parent/Caregiver Son/Daughter Spouse Sibling Friend Other



911 Call

7. The 911 call was handled in a prompt, courteous and competent manner:
 Outstanding Excellent Average Fair Poor
8. The 911 instructions given prior to arrival of the paramedics:
 Outstanding Excellent Average Fair Poor



The Paramedic Crew

9. The paramedic crew arrived in a timely manner:
 Outstanding Excellent Average Fair Poor

10. The paramedic crew acted in a concerned and caring manner:

- Outstanding Excellent Average Fair Poor

11. The paramedic crew clearly explained the procedures they performed:

- Outstanding Excellent Average Fair Poor

12. The paramedic crew and equipment presented in a professional manner:

- Outstanding Excellent Average Fair Poor



Treatment of Injuries

13. The methods used by the paramedics to splint or stabilize your injury:

- Outstanding Excellent Average Fair Poor

14. The methods used by the paramedics to move you were:

- Outstanding Excellent Average Fair Poor

15. The ride to the hospital did not aggravate the injury/illness:

- Outstanding Excellent Average Fair Poor



Overall Quality

16. How would you rate the overall quality of care provided to you:

- Outstanding Excellent Average Fair Poor

17. The overall actions of the paramedics caused my situation to

- Improve Remain the same Worsen

