



CityOne Department Customer Service Feedback/Suggestion Form

1. Your Name_____.
2. Contact Number_____.
3. Address_____
_____.
4. Email_____.
5. Date of incident/interaction_____.
6. If you had personal experience with the Chatham Police, please let us know how you would rate your experience.
 - a. Level of professionalism:
___ Excellent ___ Above Average ___ Below Average ___ Poor
 - b. Level of understanding of the problem/issue:
___ Excellent ___ Above Average ___ Below Average ___ Poor
 - c. Level of sensitivity to the problem/issue:
___ Excellent ___ Above Average ___ Below Average ___ Poor
 - d. Level of the problem/issue being solved:
___ Excellent ___ Above Average ___ Below Average ___ Poor
 - e. Level of satisfaction with the overall experience:
___ Excellent ___ Above Average ___ Below Average ___ Poor
7. Comments/Suggestions:_____

_____.
