

GUILDERLAND POLICE DEPARTMENT

Quality Control Survey

Fill in this form online and print, or print this blank form and complete. Submit as directed below

What was the purpose of the call? (E.g. fight, illegally parked car: etc)

How was the service initiated? (E.g. phone call, approached officer: etc)

The officer(s) responded promptly: (Check one)
Strongly Agree() Agree() Disagree() Strongly Disagree()

The officer(s) were knowledgeable regarding the situation/complaint:
Strongly Agree() Agree() Disagree() Strongly Disagree()

The officer(s) acted in a professional / courteous manner:
Strongly Agree() Agree() Disagree() Strongly Disagree()

Did your call for service result in a report being filed? Yes() No()

Did you obtain or attempt to obtain a copy of the report? Yes() No()

Was the report accurate and clear? (If applicable) Yes() No()

Comments: (please include any suggestions or concerns you may have)

Name (optional) _____

Address (optional) _____

Daytime Phone number (optional) _____

Please check if you wish to be contacted. ()

Mail to: Chief of Police
Guilderland Police Department
Town Hall, Route 20
Guilderland, New York 12084