

# Lincoln Police Department



## COMMUNITY ORIENTED POLICING CUSTOMER SERVICE SURVEY

Dear LPD Customer,

In keeping with the vision of the Lincoln Police Department, we strive to provide "Professional Law Enforcement as a Community Service." We request your assistance in evaluating how well we are doing. Please take a few moments to provide information on your most recent experience with the Lincoln Police Department.

Date of service: \_\_\_\_\_ Time of service (approximately, if known): \_\_\_\_\_

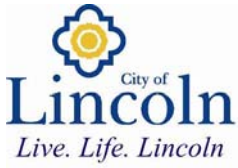
How was service accessed?  Called Police Department  Flagged Down Officer  Other: \_\_\_\_\_

<b>DISPATCH</b>	Did you speak with a Dispatcher? <input type="checkbox"/> Yes <input type="checkbox"/> No In how many rings was your call answered? _____
	If so, were they professional, polite, and respectful? _____
	Were you asked the proper questions in the appropriate amount of time? _____

<b>PATROL</b>	Did you speak with a Patrol Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No Name (if known): _____
	If so, were they professional, polite, and respectful? _____
	Did the Officer / employee respond in a timely manner? _____

<b>INVEST.</b>	Did you speak with a Detective? <input type="checkbox"/> Yes <input type="checkbox"/> No Name (if known): _____
	If so, were they professional, polite, and respectful? _____
	Was your case handled in a reasonable time and all of your questions answered? _____

<b>C.O.P.S.</b>	Did you speak with a Citizen Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No Name (if known): _____
	If so, please describe the nature of your contact: _____
	Are you aware of the services provided by our Volunteers? _____



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<b>RATINGS</b>	Were you satisfied overall with the service that was delivered? _____
	Overall grade for this service: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

<b>EXPERIENCE</b>	What did you like most about your contact with the Lincoln Police Department?
	_____
	_____

<b>SUGGESTIONS</b>	What would you suggest we improve upon?
	_____
	_____

<b>IDEAS/COMMENTS</b>	Other ideas / comments?
	_____
	_____
	_____

<b>CONTACT</b>	(Optional) Occasionally, follow up phone calls are conducted to assist us in improving our services. By completing the section below, you may be contacted by a Lincoln Police Department employee for further information regarding your experience. This is strictly voluntary and is not required when returning this survey.
	Name: _____
	Phone Number: _____

For Office Use Only
Received _____ Incident # _____
Notes
_____
_____

Upon completion, mail or return this survey to:  
Lincoln Police Department, 770 7<sup>th</sup> Street., Lincoln, CA 95648 ATTN: Internal Affairs