

Officers Name _____ Date of Incident _____

Incident Number _____

*Resident's Name _____ *Address _____

*Telephone Number _____ *Email Address _____

* - indicates optional fields

Prior to your most recent contact with the Wellington Police Department, had you had any previous contact with the Police Department? Yes _____ No _____

If yes, how many times in the past 12 months? _____

**In regards to the most recent incident, what was the nature of your contact?
(pick one)**

Victim of Crime _____

Witness a Crime _____

Motor Vehicle Accident _____

Arrested _____

Report Problem _____

Request Information _____

Traffic Citation _____

Other _____

Considering this most recent contact, please rate the Wellington Police Department in the following areas:

Officer's Concern:

Excellent _____ Good _____ Fair _____ Poor _____

Officer's Knowledge:

Excellent _____ Good _____ Fair _____ Poor _____

Officer's Ability to Put you at ease:

Excellent _____ Good _____ Fair _____ Poor _____

Officer's Ability in Problem Solving:

Excellent _____ Good _____ Fair _____ Poor _____

Officer's Fairness in Solving Problem:

Excellent _____ Good _____ Fair _____ Poor _____

Officer's Helpfulness:

Excellent _____ Good _____ Fair _____ Poor _____

Officer's Response Time:

Excellent _____ Good _____ Fair _____ Poor _____

Officer's Professional Conduct:

Excellent _____ Good _____ Fair _____ Poor _____

Officer's Appearance:

Excellent _____ Good _____ Fair _____ Poor _____

In regards to this most recent contact, on a 1 to 10 scale, please indicate your overall satisfaction with the Wellington Police Department: _____

Do you believe the Wellington Police Department needs to improve its service?

Yes ____ No ____

How can the Wellington Police Department improve the quality of its service in the future?

On a 1 to 10 scale, please indicate how safe you feel living in the Wellington community? _____

Other Comments? _____
