

CUSTOMER SERVICE FEEDBACK



HUMBERSIDE
Fire & Rescue Service

It is important that we have your opinion on how we are providing services to our local communities. By completing this questionnaire, you are helping us to continually improve the many services we offer.

Q1 Which service was provided?

- | | |
|---|---|
| <input type="checkbox"/> Emergency response | <input type="checkbox"/> Fire risk awareness |
| <input type="checkbox"/> Home safety visit | <input type="checkbox"/> School safety awareness |
| <input type="checkbox"/> Juvenile firesetters intervention scheme | <input type="checkbox"/> Training (partner organisations) |
| <input type="checkbox"/> Road safety presentation | <input type="checkbox"/> Other _____ |

Q2 How would you rate the timeliness of the service provided? (from requesting the service to service delivery)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very quick | Quick | Satisfactory | Slow | Very slow |

Q3 How informed do you feel as a result of the service provided?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very informed | Informed | Less informed | No change |

Q4 After receiving the service provided, which of the actions below would you now take to improve safety? (if any)

- | | |
|--|--|
| <input type="checkbox"/> Install and test a smoke detector | <input type="checkbox"/> Make an escape plan |
| <input type="checkbox"/> Close doors at night | <input type="checkbox"/> Safely dispose of smoking materials |
| <input type="checkbox"/> Drive more safely | <input type="checkbox"/> Other _____ |

Q5 Overall how do you rate the service you have received?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excellent | Good | Satisfactory | Unsatisfactory | Very unsatisfactory |

Q6 Do you feel that you have been treated fairly and considerately?

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No |

If no, please state why:

Q7 Please add any comments on how we could improve our service:

Monitoring Information

Title: Mr/Mrs/Miss/Ms/Dr Name: _____

Address: _____

_____ Post Code: _____

Email: _____ Telephone: _____

Equalities monitoring information

Please complete the box below with your details

Are you?

☐ Male ☐ Female ☐ Prefer not to say

Please show your age group

☐ 18 years and under ☐ 19 - 24 years ☐ 25 - 35 years
☐ 36 - 45 years ☐ 46 - 55 years ☐ 56 - 65 years
☐ Over 65 years ☐ Prefer not to say

Do you class yourself to have a disability?

☐ Yes ☐ No ☐ Prefer not to say

For monitoring purposes, and in order to comply with our statutory obligations, it would be very helpful if you could indicate to which of these groups you consider you belong?

☐ White: British ☐ Mixed: Other mixed ☐ Black/Black British: African
☐ White: Irish ☐ Asian/Asia British: Indian ☐ Black/Black British: Other
☐ White: Other ☐ Asian/Asian British: Pakistani ☐ Chinese
☐ Mixed: White/Black Caribbean ☐ Asian/Asian British: Bangladeshi ☐ Gypsy/Traveller
☐ Mixed: White & Black African ☐ Asian/Asian British: Other Asian
☐ Mixed: White & Asian ☐ Black/Black British: Caribbean
☐ Other ethnic Group (PLEASE WRITE IN): _____

Please return completed forms using the free post envelope provided.

For more information about Humberside Fire and Rescue Service please visit our website at:
www.humbersidefire.gov.uk or call us on (01482) 565333.