

Coatesville Citizen's Survey

The intent of this survey is to gather your perspective of the quality of service that the Police Department has provided. This survey is part of our efforts to improve communications between the Police Department and the Community.

Coatesville Police Department Case# (if applicable)

Date of incident (if applicable) Month _____ Date _____ Year _____

Time of incident (if applicable) _____ : _____ AM / PM
circle which

Please check the reason for contact with the Coatesville Police Department.

- I reported a crime
- I was a victim of a crime
- I was stopped for a traffic violation
- I was arrested
- Other reason _____

Other Reason—Please describe circumstances

The contact was made by:

- Uniformed Police Officer
- Detective
- Police Administration
- Uniformed Police Supervisor
- Office Staff
- Parking Enforcement

The contact was made:

- In person
- By telephone
- In writing
- Internet (email)
- Other _____

My overall impression of the officer/employee was:

- Very High
- High
- Average
- Low
- Very Low

Is there any praise or criticism that you would like to give regarding the officer/employee?

Prior to this contact, what was your impression of the Coatesville Police Department?

- Very High High Average Low Very Low

In your own words, please describe your prior impression.

Did your contact with the Coatesville Police Department change your impression of the department?

- Yes No Not Sure

In your own words, please describe your changed impression.

If you would you like to be contacted or receive a follow-up email by the police department on this issue please provide your phone# or email address:

phone number

email address

Please add any general comments that you would like to offer.