



Chatham Police Department Customer Service Feedback/Suggestion Form

1. Your Name _____.
2. Contact Number _____.
3. Address _____
_____.
4. Email _____.
5. Date of incident/interaction _____.
6. If you had personal experience with the Chatham Police, please let us know how you would rate your experience.

a. Level of professionalism:

____ Excellent ____ Above Average ____ Below Average ____ Poor

b. Level of understanding of the problem/issue:

____ Excellent ____ Above Average ____ Below Average ____ Poor

c. Level of sensitivity to the problem/issue:

____ Excellent ____ Above Average ____ Below Average ____ Poor

d. Level of the problem/issue being solved:

____ Excellent ____ Above Average ____ Below Average ____ Poor

e. Level of satisfaction with the overall experience:

____ Excellent ____ Above Average ____ Below Average ____ Poor

7. Comments/Suggestions: _____

