Crystal Lake Fire Rescue Department
Patient Satisfaction Survey

Date of Transport (MM/DD/YYYY)	
Individual Filling Out Survey	
Name of patient	
Relationship to Patient	

Please Check Boxes as they apply

Exceeded Expectations	Met Expectations	Substandard Expectations	N/A	
☐	☐	☐	☐	Crew Responded in a Timely Manner
☐	☐	☐	☐	Crews Appearance Presentable
☐	☐	☐	☐	Crew Introduced Themselves
☐	☐	☐	☐	Crew Explained Their Plan of Care
☐	☐	☐	☐	Crew was Sympathetic and Professional
☐	☐	☐	☐	Crew Informed Family of Transport Decision
☐	☐	☐	☐	Crew Performed Skills With Confidence
☐	☐	☐	☐	Care Was Appropriate
☐	☐	☐	☐	Overall Response

Comments _____

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☐ _____

Check box if you wish to speak with a Crystal Lake Fire Department Representative
Please Call 815-356-3640

You Can Either Submit it electronically or return to:

Crystal Lake Fire Rescue Dept.
100 W. Woodstock St.
Crystal Lake, Illinois 60014
Attention: EMS Coordinator