



- Resident
- Out of County Resident
- Out of State Resident

Dear Clark County Resident:

In an effort to provide the most professional service that our organization can offer, I am asking for your assistance. We strive to be the finest law enforcement agency in our area. The Sheriff's mission is to promote, preserve and provide as much safety among all persons within our agency's jurisdiction as possible. This survey will provide me with an opportunity to build strong positive ties between my personnel and you, our community. Please take a few minutes to answer our questions and drop the survey sheet in the mail or complete this form on-line. Annual results will be tabulated and utilized to establish training and service criteria. **(To submit the form on-line just click the submit button once form is completed)**

1. What was the nature of your contact with the Clark County Sheriff's Office? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Reported a problem or concern | <input type="checkbox"/> Victim of crime | <input type="checkbox"/> Witness of crime |
| <input type="checkbox"/> Visitor at the jail | <input type="checkbox"/> issued a citation | <input type="checkbox"/> involved in a traffic crash |
| <input type="checkbox"/> Assisted motorist | <input type="checkbox"/> Community Meeting | <input type="checkbox"/> Crime Watch |
| <input type="checkbox"/> DARE | | |

2. Please check the Clark County Sheriff's Office employee(s) with whom you had contact. (check all that apply)

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Road Supervisor | <input type="checkbox"/> Jail Supervisor | <input type="checkbox"/> Office Staff | <input type="checkbox"/> Cadet |
| <input type="checkbox"/> Road Deputy | <input type="checkbox"/> Jail Deputy | <input type="checkbox"/> Dispatcher | <input type="checkbox"/> CCW Program |
| <input type="checkbox"/> Detective | <input type="checkbox"/> Nurse | <input type="checkbox"/> Dispatcher | <input type="checkbox"/> any other employees |

3. How would you rate my employee in the following categories?

	Excellent	Good	Fair	Poor
a. Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Putting you at ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If you called 911 for assistance, or called the non-emergency line, please answer the questions rating the service you received.

- a. How would you describe my employee's attitude and behavior toward you on the telephone?
 Excellent Good Fair Poor
- b. How would you describe my employee's helpfulness and attempts to solve your problem?
 Excellent Good Fair Poor
- c. How would you describe my employee's professional courtesy?
 Excellent Good Fair Poor

5. What is your opinion of the service given to our community by the Clark County Sheriff's Office?

- Excellent Good Fair Poor

Please feel free to write any additional information that you would like me to review, on the under the "Comment Section". You may also E-Mail me with any concerns or comments at chief@clarkcountyohio.gov I do respond to all E-Mails personally, as time permits within my schedule.

Please contact me: Yes No

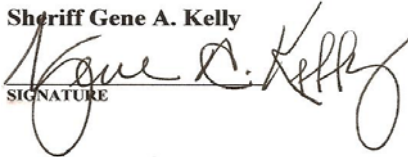
(Optional)

Name/Address/Phone: _____

I sincerely appreciate you taking time out of your busy day to fill out this questionnaire.

Sincerely,

Sheriff Gene A. Kelly


SIGNATURE

Comment Section

<u>FOR OFFICIAL USE ONLY</u>	
Reviewed By Division Commander	
Signature X _____	/ Date: _____
Chief Deputy Initial _____	
Date: _____	
Revised March 2010	

