# You have just received assistance from FTCC Public Safety.

**Please take a moment to let us know how well you were served.**

| Type of Service:  |       |
| --- | --- |
| Date of Service: |       | Time:  |       |

| Name of Public Safety Officer:  |       |
| --- | --- |

Please rate us on the following:

|  | Excellent | Good  | Average | Fair  | Poor |
| --- | --- | --- | --- | --- | --- |
| Courtesy |       |       |       |       |       |
| Knowledge |       |       |       |       |       |
| Appearance |       |       |       |       |       |
| Promptness of Service |       |       |       |       |       |
| Service Provided as requested |       |       |       |       |       |
| Did we meet your expectations?  |       |       |       |       |       |
| Comments:  |       |
| Name:  |       | Phone #:  |       | (Optional) |

|  |  |
| --- | --- |
| FTCC Form C-17 | Revised 10/16/2017 |

#  You have just received assistance from FTCC Public Safety.

**Please take a moment to let us know how well you were served.**

| Type of Service:  |       |
| --- | --- |
| Date of Service: |       | Time:  |       |

| Name of Public Safety Officer:  |       |
| --- | --- |

Please rate us on the following:

|  | Excellent | Good  | Average | Fair  | Poor |
| --- | --- | --- | --- | --- | --- |
| Courtesy |       |       |       |       |       |
| Knowledge |       |       |       |       |       |
| Appearance |       |       |       |       |       |
| Promptness of Service |       |       |       |       |       |
| Service Provided as requested |       |       |       |       |       |
| Did we meet your expectations?  |       |       |       |       |       |
| Comments:  |       |
| Name:  |       | Phone #:  |       | (Optional) |

|  |  |
| --- | --- |
| FTCC Form C-17 | Revised 10/16/2017 |