

West Goshen Township

Police Department



1025 Paoli Pike West Chester, Pennsylvania 19380

WWW.WESTGOSHEN.ORG

(610) 696-7400

FAX (610) 696-3935

JOSEPH J. GLEASON
Chief of Police

MICHAEL P. CARROLL
Lieutenant

GREGORY M. STONE
Captain

JUSTIN E. DIMEDIO
Lieutenant

Please provide feedback to assist us in our continuing efforts to improve our services to the West Goshen Community.

1. How many times have you had contact with a West Goshen Police Department employee over the past year?

	1-2 times	3-5 times	6-8 times	9 times or more
Police Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civilian Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What types of contacts have you had over the last year with West Goshen Police?

- | | |
|--|--|
| <input type="checkbox"/> Call for Service | <input type="checkbox"/> Received Roadside Assistance |
| <input type="checkbox"/> Attended Safety/Educational Program | <input type="checkbox"/> Reporting a Crime as a Witness |
| <input type="checkbox"/> Reporting a Crime as a Victim | <input type="checkbox"/> Received a Traffic Citation |
| <input type="checkbox"/> Received a Traffic Warning | <input type="checkbox"/> Arrestee |
| <input type="checkbox"/> Involved in Traffic Crash | <input type="checkbox"/> Questioned /Detained as Suspect |
| <input type="checkbox"/> Witness to a Traffic Crash | <input type="checkbox"/> No Contact |
| <input type="checkbox"/> Other: <input type="text"/> | |

3. During my most recent contact with a member of the West Goshen Police, the employee: (please rate each area regarding this encounter)

	Strongly Agree	Agree	Disagree	Strongly Agree	N/A
Treated me fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was proficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was responsive to my requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handled my issue in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolved my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If your communication was only by telephone for police services, please respond accordingly:

	YES	NO	N/A
Did you have any issue reaching the Dispatcher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the Dispatcher courteous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the Dispatcher helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the Dispatcher professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
Was the Dispatcher knowledgeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the Dispatcher meet or exceed your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the Officer respond in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the Officer courteous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the Officer helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the Officer Professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the officer knowledgeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the Officer meet or exceed your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other:

5. Which type(s) of report(s) were completed by West Goshen Police during the contacts you have had with us?

- Accident report
- Crime report
- Incident report (General Information)
- None

6. Were the reports that you received:

	Strongly Agree	Agree	Disagree	Strongly Agree	N/A
Legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completely Accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other:

7. Have you been the victim of a crime in West Goshen Township?

- Yes No

8. How safe do you feel in West Goshen Township?

- Very Safe
 Somewhat Safe
 Unsure
 Somewhat Unsafe
 Very Unsafe

Please explain:

9. Based on your experience with the West Goshen Township Police Department, please rate the overall quality of services provided to you;

- Excellent
 Above Average
 Below Average
 Poor

10. If you are a resident, rate the overall quality of life in West Goshen Township:

- Excellent
- Above Average
- Average
- Below Average
- Poor

11. Please provide any recommendations and/or suggestions you have on how the West Goshen Township Police Department can improve our service to you and the community we serve.

If you would like to personally meet with an officer to further discuss suggestions and/or recommendations, please provide your contact information and an officer will contact you.

Name:

Address:

Phone #:

Email: