



## MCFARLAND POLICE DEPARTMENT SATISFACTION SURVEY



Name:	Date of contact with McFarland Police:		
Nature of Contact:			
Name(s) of Officer(s) you were in contact with:			
Contact Information:	Phone #:	Email:	
Would you like to discuss this further with a supervisor?		Yes	No

For each item identified below, check the number to the right that best fits your judgment of its quality.

Survey Item	Scale					
	P o o r	Good				E x c e l l e n t
1. Professionalism						
2. Concern for you problem						
3. Appearance						
4. Attitude						
5. Manner of Speech						
6. Helpfulness						
7. Knowledgeable						
8. Confidence						
9. Other (Describe):						
<b>Further Information:</b>						

Please return to Chief Sherven at [craig.sherven@mcfarland.wi.us](mailto:craig.sherven@mcfarland.wi.us) or mail to 5915 Milwaukee Street  
McFarland WI 53558 Attn: Chief Sherven