

OHIO ASSOCIATION OF CHIEFS OF POLICE
6277 Riverside Drive, 2N
Dublin, Ohio 43017
614-761-0330

Evaluation of Advisory Services

Client _____

Name and Title _____

Date of Service _____

Nature of Service _____

Quality service is one of the primary goals of OACP's Advisory Services Division. Your candid evaluation of the service you recently received will help us improve our service to you and the rest of our membership. Please take a moment to complete the evaluation. Your input is greatly appreciated.

Initial Inquiry

		Strongly Agree	Agree	Disagree	Strongly Disagree
A.	We were contacted promptly after requesting services through OACP	_____	_____	_____	_____
B.	The information we received was appropriate and addressed our needs.	_____	_____	_____	_____
D.	The information was clear and understandable.	_____	_____	_____	_____

Delivery of Service

		Strongly Agree	Agree	Disagree	Strongly Disagree
A.	We were generally satisfied with the service we received.	_____	_____	_____	_____
B.	The service was performed in a timely manner.	_____	_____	_____	_____
D.	The police management consultants were knowledgeable and qualified to deliver the service.	_____	_____	_____	_____
D.	The police management consultants conducted themselves in a professional manner.	_____	_____	_____	_____

(Over)

Best Features

Briefly describe what you liked about the services you received.

Requires Improvement

Briefly describe any aspect you feel requires improvement.

Other comments

Please feel free to add any additional comments.

Follow-up

B. Would you like to have an Advisory Services Division member contact you to discuss these issues?
Yes_____ No_____

C. May we contact you to ask for a statement regarding your satisfaction with Advisory Services?
The statement may be used in our marketing and promotional materials.

Yes_____ No_____

Name of person completing evaluation:_____

Phone number: _____

Thank You!