



## National Fallen Firefighters Foundation Local Assistance State Team (LAST) Program



Recently, members from the National Fallen Firefighters Foundation Line of Duty Death Local Assistance State Teams assisted your department in a time of need. Because this program is continually evolving, we are interested in knowing your opinions and comments regarding the assistance that was provided to your department.

Our goal is to make sure the needs of the department and the firefighter's family are met. Please help us continue to improve our service by completing the attached questionnaire and mailing it back in the provided envelope.

Thank you for your time.

Department Name: \_\_\_\_\_

	<b>Excellent (5)</b>	<b>Poor (1)</b>
1. How well did our team perform the work? .....	5	1
2. Was our staff polite and professional when you called? .....	5	1
3. Was our response to your request timely? .....	5	1
4. How would you rate the quality of our team members? .....	5	1
5. How would you categorize our team's attitude toward the following:		
a. The job itself? .....	5	1
b. Your department members? .....	5	1
c. The family members? .....	5	1
6. How would you rate our team's understanding of your department's needs? .....	5	1
7. How would you rate our team's understanding of the family's needs? .....	5	1
8. Do you feel that this service was beneficial to your department/family? .....	5	1

What comments/criticisms/suggestions would you share to help us improve our service?

**Thank you for taking the time to improve the quality of the service provided by the NFFF.  
Please return this form via fax/mail at your earliest convenience.**

**CUSTOMER SURVEY**