Public Safety Contact Questionnaire

1. Please indicate your primary status:

☐ Faculty☐ Staff

TO RETURN THIS FORM, PLEASE PRINT AND FAX TO 201-692-2179

Our records indicate you recently had contact with one of our Department of Public Safety Officers. It is vitally important that we obtain feedback concerning the service our department provides to members of the campus community. This enables us to evaluate both our personnel and operations. We ask that you please take a few moments and complete the following survey questionnaire. Your input is valued and will affect future management decisions.

Thank you for your cooperation and interest in the Department of Public Safety.

	☐ Resident Student					
	☐ Commuter Student					
2.	How would you rate the service provided by the Public Safety Officer with whom you had					
	contact?					
		Excellent	Very Good	Good	Fair	Poor
	Helpfulness					
	Friendliness					
	Quality of Service					
	Professional					
	Conduct					
	Response Time					
3.	Are there any constructive criticisms or comments you would offer regarding the Public Safet					
	Officer or services provided?					
4.	What is your overall impression of the Department of Public Safety? Please list reasons.					
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5.	Please add general comments or recommendations you would like to offer concerning the					
	Department of Public Safety or its services.					