



**COMMUNITY SERVICE SURVEY**

CHP 414 (Rev. 6-16) OPI 013

In an ongoing effort to monitor and improve the services we provide to the public, the California Highway Patrol (CHP) is requesting your assistance in evaluating our performance. Please take a few moments to carefully and thoroughly answer the questions below. By completing the survey, you will enable the CHP to address your concerns, develop solutions to potential problems, and better serve the needs of the community. Please note, this is an anonymous survey. To commend or complain, please contact your local CHP office or go to [www.chp.ca.gov](http://www.chp.ca.gov).

In the past five years, what types of interaction have you had with the CHP? Please select all that apply.

- Reported a crime or event     
  Involved in a traffic collision where CHP responded     
  Attended CHP event  
 Received any assistance     
  Received a verbal warning, citation, or were arrested     
  No contact with the CHP in the past 5 years

**During your most recent contact with a CHP officer, how would you rate your level of satisfaction related to the following:**

	5 - Very Satisfied	4 - Somewhat Satisfied	3 - Neither Satisfied Nor Dissatisfied	2 - Somewhat Dissatisfied	1 - Very Dissatisfied	N/A
1. Level of knowledge and/or competence possessed by the officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability of the officer to address all of your questions and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Professionalism of the officer's attitude and behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Overall performance of the CHP officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**During your most recent contact with a CHP Communications Center, how would you rate your level of satisfaction related to the following:**

	5 - Very Satisfied	4 - Somewhat Satisfied	3 - Neither Satisfied Nor Dissatisfied	2 - Somewhat Dissatisfied	1 - Very Dissatisfied	N/A
1. Level of knowledge and/or competence possessed by the call taker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability of the call taker to determine your concerns and provide appropriate information or assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Professionalism of the call taker's attitude and behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness by which the call taker addressed your concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Level of empathy and concern conveyed by the call taker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall performance of the CHP call taker and Communications Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall Performance of the CHP**

	5 - Very Satisfied	4 - Somewhat Satisfied	3 - Neither Satisfied Nor Dissatisfied	2 - Somewhat Dissatisfied	1 - Very Dissatisfied	N/A
1. How satisfied are you with the overall performance of the California Highway Patrol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How satisfied are you with the safety and security of our highways and freeways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In your opinion, do you have adequate CHP resources in your community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
4. Would you like to see increased patrol presence in your area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
5. Do you have any specific community concerns or comments to share with the CHP?	<input type="checkbox"/> Yes <input type="checkbox"/> No					

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The following responses are optional, however, by providing the requested information you are assisting the California Highway Patrol to better address any community concerns.

What is your 5-digit zip code? \_\_\_\_\_

What is your age?  16 - 25       26 - 35       36 - 49       50 - 64       65+

What is your ethnicity? (Mark all that apply)  Asian       Black/African American       Hispanic American       White Non-Hispanic       Other

