



Following completion of the Paid Duty, please take a minute to share your thoughts with us.
This important feedback will be used to assist us in providing you and others with the highest quality of service.

Date of Event: _____ Number of Paid Duty Officers: _____

Name / Agency: _____

1. What type of service did you request?

Traffic

Security

Community Event

Other (specify) _____

2. Was the Paid Duty administrative staff helpful and informative? Yes No

If not, please explain: _____

3. Was the officer(s) on time? Yes No

If not, please explain: _____

4. Did the officer(s) perform his/ her duties as expected? Yes No

If not, please explain: _____

5. How would you rate the overall service?

Excellent

Good

Average

Poor

Please explain: _____

6. Were we able to meet your expectations? Yes No

If not, please explain: _____

7. How can we improve our service to better meet your needs? _____

Please email completed survey to:
PaidDutySurvey@hamiltonpolice.on.ca

THANK YOU FOR YOUR FEEDBACK!