

Caller Complaint Feedback Questionnaire

Personal Information						
Name and Surname:						
Address:						
Phone number:		Email:				
Call Details						
Telephone number from which the call to 112 was made						
Date of the call (dd/mm/yy):		Time of call (hh:mm):				
Call context						
Was your call about an emergency?	Yes	No				
Please briefly describe the situation you were reporting:						
Nature of the complaint						
Please describe your complaint briefly.						
Details of the incident						
What specifically did the operator say or do that you found offensive or unprofessional?						
Solution, or advice on further action						
Were you offered a solution or direction during the call?	Yes	No	If yes, was the solution useful?	Yes	No	
Call experience evaluation						
Please rate the following aspects of your experience on a scale of 1 to 5, where 1 is "Very Bad" and 5 is "Excellent":	Operator professionalism:	1	2	3	4	5
	Empathy displayed by the operator:	1	2	3	4	5
	Clarity of communication:	1	2	3	4	5
Suggestions for improvement						
What can we do to improve the service and avoid such incidents in the future?						