

# City of Plainwell



## Department of Public Safety

141 N. Main Street  
Plainwell, Michigan 49080

Phone: 269-685-9858

Fax: 269-685-5460

Web Page Address: [www.plainwell.org](http://www.plainwell.org)

Rick Brooks, Mayor  
Lori Steele, Mayor Pro-Tem  
Ray Fuller, Council Member  
Jim Hull, Council Member  
Brad Keeler, Council Member

“The Island City”

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Dear Citizen:

The Plainwell Department of Public Safety is committed to providing the highest quality of police service to our community. One way to evaluate our level of professional service is to obtain feedback from citizens who have had occasion to interact with our officers in the past.

The mission of the Public Safety Department is to continually improve the safety and quality of life within our community. This dedication is why we are sending you this questionnaire. Your sincere response will give us your opinion on how we are doing and an opportunity to obtain your suggestions on how we can improve our services.

Thank you for your cooperation and interests in helping us to evaluate the Plainwell Department of Public Safety Operations. You may return the survey form, after filling it out, by folding the survey so our address is on the outside of the form which already has prepaid postage on it, or you may visit our website at [www.plainwell.org](http://www.plainwell.org). Click on City Departments, Public Safety, and then click on the Public Safety Survey. Please email your completed survey as an attachment to [bbomar@plainwell.org](mailto:bbomar@plainwell.org).

Thank you for assisting us in our service evaluation.

Sincerely,

*Bill Bomar, Director  
Plainwell Public Safety*

**PLAINWELL DEPARTMENT OF PUBLIC SAFETY  
SERVICE EVALUATION**

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**Questions**

1. If the contact was made by phone did the call taker respond professionally and courteously? **Yes** **No**  
Comments: \_\_\_\_\_
2. Did the Public Safety Department respond in a timely manner? **Yes** **No**  
If not, how long did it take?  
Comments: \_\_\_\_\_
3. Were the responding officer(s) courteous, professional, sincere and respectful? **Yes** **No**  
Comments: \_\_\_\_\_
4. Did the officer appear to be knowledgeable of law(s), procedures related to your case and able to satisfactorily handle your request? **Yes** **No**  
Comments: \_\_\_\_\_
5. If you were a victim did you receive "Victim's Rights" information? **Yes** **No**  
Comments: \_\_\_\_\_
6. Were you advised that the Detective would be in contact with you? **Yes** **No**  
Comments: \_\_\_\_\_  
If yes, were you contacted in a timely manner? **Yes** **No**
7. May we contact you for further clarification?  
If yes      Name \_\_\_\_\_  
  
                  Daytime Phone \_\_\_\_\_
8. Additional comments/suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLAINWELL DEPARTMENT OF PUBLIC SAFETY**  
**Providing Police and Fire Services**

*It is the goal of the Plainwell Department of Public Safety to protect and service the people in our community. In order to better fulfill the trust given us, we seek your input. Please take a few minutes and answer the following questions:*

1. *What service do you expect from the Police Department?*  
*Comment:* \_\_\_\_\_  
\_\_\_\_\_
  
2. *What police services do you feel are most important to you?*  
*Comment:* \_\_\_\_\_  
\_\_\_\_\_
  
3. *What can the police Department do to provide you with better service?*  
*Comment:* \_\_\_\_\_  
\_\_\_\_\_
  
4. *Have you had any contact or interacted with the Plainwell Public Safety employees?*  
*Explain:* \_\_\_\_\_  
\_\_\_\_\_
  
5. *Are you interested in starting a Neighborhood Watch program in your neighborhood?*  
**Yes or No**
  
6. *Are you interested in attending periodic meetings with the members of the police department in order to discuss public safety issues?*      **Yes or No**
  
7. *Are you interested in participating in a citizen's police/fire academy?*      **Yes or No**
  
8. *What is your overall opinion of the Plainwell Department of Public Safety?*  
*Comment:* \_\_\_\_\_  
\_\_\_\_\_
  
9. *Do you live within the incorporated city limits of Plainwell?*      **Yes or No**
  
10. *In general, do you feel safe in your home, neighborhood and in the City of Plainwell?*  
**Yes or No**

*Further Comments:*

*(Optional Information)*

*Name:*

*Address:*

*If you would like a follow-up call, please leave a phone number to contact:* \_\_\_\_\_