



Motorist Assistance Program

You have been aided by a Motorist Assistance Technician with the Kansas Highway Patrol. We appreciate your feedback regarding the Motorist Assistance Program. Please complete the survey by scanning the QR code or drop this card in any U.S. Mail box.

03/2026

Name (Optional): _____

Phone: _____

- | | Excellent | Average | Poor |
|--|------------------------------|-----------------------------|--------------------------|
| 1. Friendliness & courtesy of technician | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Level of service provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Length of wait until assistance arrived | _____ Minutes | | |
| 4. Should this service be continued? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |



Comments: _____

Date: _____ Time: _____ Technician: _____

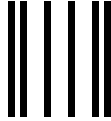
Location of event: _____ County: _____

How did you ask for help? _____

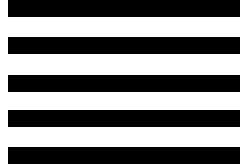


**KANSAS
HIGHWAY PATROL**

122 SW 7TH STREET
TOPEKA, KS 66603



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