

**Questionario N°**  
1  
2

**Responsabili di Servizio**

**Impiegati**

**Polizia Municipale**

**Addetti ai servizi esterni**

**Untitled**

**Untitled**

X  
X

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Question 1

5  
5

**Question 2**

5  
4

**Question 3**

3  
1

**Question 4**

5  
4

**Question 5**

5  
5

**Question 6**

4  
5

**Question 7**

5  
0

**Question 8**

5  
3

**Question 9**

1  
2

**Question 10**

5  
3

**Question 11**

5  
4

**Question 12**

3  
2

**Question 13**

5  
4

**Question 14**

3  
1

**Question 15**

5  
4

**Question 16**

5  
4

**Question 17**

5  
4

**Question 18**

5  
5

**Question 19**

5  
4

**Question 20**

2  
3

**Question 21**

5  
5

**Question 22**

4  
3

**Question 23**

5  
5

**Question 24**

5  
2

**Question 25**

5  
3

**Question 26**

5  
3

**Question 27**

5  
4

**Question 28**

5  
3

**Question 29**

5  
3

**Question 30**

5  
3

**Question 31**

5  
1

**Question 32**

5  
2

**Question 33**

5  
2

**Question 34**

5  
2

**Question 35**

5  
2