



FBI Laboratory Customer Satisfaction Assessment

Thank you for using the services of the FBI Laboratory. In an effort to improve our services to you and your agency, please provide feedback on your experience in relation to this case. Upon completion of this survey, please return it by fax to the Quality Assurance and Training Unit at 703-632-8285.

Examiner: _____ Unit: _____

Request Coordinator (RC): _____ Laboratory Number: _____

Your Name: _____ Phone: _____

Agency: _____ City, State: _____

Please rate the following for your experience with the FBI Laboratory:
 [1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent N/A = Not Applicable]

- | | | | | | | | |
|----|---|--|--|--|--|--|-----|
| A. | Your contact with the Evidence Examiner: | | | | | | |
| | 1 2 3 4 5 | | | | | | N/A |
| B. | Your contact with the Request Coordinator: | | | | | | |
| | 1 2 3 4 5 | | | | | | N/A |
| C. | The timeliness of the completion of your examination request: | | | | | | |
| | 1 2 3 4 5 | | | | | | N/A |
| D. | The clarity of the FBI Laboratory report: | | | | | | |
| | 1 2 3 4 5 | | | | | | N/A |
| E. | The overall quality of service received: | | | | | | |
| | 1 2 3 4 5 | | | | | | N/A |

Comments: _____

Thank you for taking the time to help us improve our services.

Date Received in QATU _____ by _____ Entered in Assessment Database _____ Copy to ECU _____

PAPERWORK REDUCTION ACT NOTICE

The information required on this form is in accordance with the Paper Reduction Act of 1995. The estimated average burden associated with this collection of information is 5 minutes. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Federal Bureau of Investigation, Laboratory Division, Quality Assurance and Training Unit, 2501 Investigation Parkway, Quantico, Virginia 22135.