

FBI-NCAVC Satisfaction Survey

Please take a moment and complete this survey to help evaluate the quality and value of the FBI's National Center for the Analysis of Violent Crime (NCAVC) services. Your response will help us to serve you more effectively and efficiently in the future. Thank you for your cooperation and assistance.

Reference: Date of Service:

NCAVC Unit/Member(s):

Your Agency:

Your Name and Phone#:

NCAVC Service Provided (check all that apply):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Crime Analysis | <input type="checkbox"/> Investigative Strategy | <input type="checkbox"/> Prosecutive Strategy | <input type="checkbox"/> Statement Analysis |
| <input type="checkbox"/> Critical Incident Analysis | <input type="checkbox"/> Linkage Analysis | <input type="checkbox"/> Risk Assessment | <input type="checkbox"/> Threat Assessment |
| <input type="checkbox"/> Expert Testimony | <input type="checkbox"/> Media Strategy | <input type="checkbox"/> Search Warrant Assistance | <input type="checkbox"/> Unknown Offender Profile |
| <input type="checkbox"/> Interview/Interrogation Strategy | <input type="checkbox"/> Personality Assessment | <input type="checkbox"/> Source Assessment | <input type="checkbox"/> Other <input type="text"/> |

Mark One: SD = Strongly Disagree, D = Disagree, N = No Opinion, A = Agree, SA = Strongly Agree, N/A = Not Applicable

- | SD | D | N | A | SA | N/A | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | The process of getting NCAVC assistance was "user-friendly." |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | You had positive interactions with the NCAVC staff providing assistance. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Information was provided in a timely manner. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Information was provided in a clear and concise format. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Information provided generated investigative leads which allowed your agency to corroborate or discount case-related information. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Information provided assisted in focusing your investigation in a specific direction. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | You are satisfied with the assistance and support provided by the NCAVC and would utilize the services again. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | The services provided played a role in resolving your case or furthering your investigation. |

Services Provided by the NCAVC assisted my agency in (check all that apply):

- | | | | |
|-------------------------------------|--|--|---|
| <input type="checkbox"/> Arrest | <input type="checkbox"/> Information Dissemination | <input type="checkbox"/> Offender Identification | <input type="checkbox"/> Victim/Body Recovery |
| <input type="checkbox"/> Confession | <input type="checkbox"/> Lead Generation | <input type="checkbox"/> Search Warrant | <input type="checkbox"/> Witness Statement(s) |
| <input type="checkbox"/> Conviction | <input type="checkbox"/> Linked Case Information | <input type="checkbox"/> Source Recruitment | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Indictment | <input type="checkbox"/> Media Leads | <input type="checkbox"/> Victim Identification | |

Has this case been resolved? Yes No Please provide details:

Please provide any comments, observations, or suggestions relative to what NCAVC did well and/or what NCAVC could improve upon. Add additional sheets if necessary.

PLEASE RETURN COMPLETED SURVEY TO: CIRG/NCAVC

Select Unit...
FBI Academy
Quantico, VA 22135

Or you may fax to Select fax#: , or email to Select...