



## 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: \_\_\_\_\_

Laboratory Number: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please respond to the following about your experience regarding the examinations provided by the **above listed examiner**:

A. My communication with the Examiner met my expectations:

Yes \_\_\_ or No \_\_\_, I expected \_\_\_\_\_

\_\_\_\_\_

B. The \_\_\_\_\_ examinations were completed in a timeframe that met my expectations:

Yes \_\_\_ or No \_\_\_, I expected \_\_\_\_\_

\_\_\_\_\_

C. The clarity, format, and verbiage of the FBI Laboratory report met my expectations:

Yes \_\_\_ or No \_\_\_, I expected \_\_\_\_\_

\_\_\_\_\_

D. The overall quality of service received:

Excellent \_\_\_      Satisfactory \_\_\_      Unsatisfactory \_\_\_

F. How could we improve our services? \_\_\_\_\_

\_\_\_\_\_

G. Are there additional examinations/services we could offer? \_\_\_\_\_

\_\_\_\_\_

***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 association 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, VA 22135.