

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. While completion of this survey is voluntary, your response will help us to serve you more effectively and efficiently in the future. Thank you for your cooperation and assistance.

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 1 Range Road, FBI Academy, Quantico, Virginia 22135.

Reference: _____ Date of Service: _____

NCAVC Unit/Member(s): _____

Your Agency: _____

Your Name and Phone#: _____

NCAVC Services Provided (check all that apply):

<input type="checkbox"/> Crimes 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 _____

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

The process of getting NCAVC assistance was "user friendly."

You had positive interactions with the NCAVC staff providing assistance.

Information was provided in a timely manner.

Information was provided in a clear and concise format.

Information was provided generated investigative leads which allowed your agency to corroborate or discount case-related information.

Information provided assisted in focusing your investigation in a specific direction.

You are satisfied with the assistance and support provided by the NCAVC and would utilize the services again.

The services provided played a role in resolving your case or furthering your investigation.

<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="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.....