|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***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 assistance. | | | | | | |
| *The information requested via this form is in accordance with the Paper Reduction Act of 1995. The estimated average burden associated with this collection of information is 3 to 5 minutes.  Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Federal Bureau of Investigation, CIRG, NCAVC, 1 Range Road, FBI Academy, Quantico, Virginia 22135.*  FOR NCAVC  USE ONLY | | | | | | |
| Reference: Date of Service: | | | | | | |
| NCAVC Unit/Member(s): | | | | | | |
| Your Agency: | | | | | | |
| Your Name and Phone#: | | | | | | |
| NCAVC Services Provided (check all that apply):   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | Crime Analysis | Investigative Strategy | Prosecutive Strategy | Statement Analysis | | Critical Incident Analysis | Linkage Analysis | Risk Assessment | Threat Assessment | | Expert Testimony | Media Strategy | Search Warrant Assistance | Unknown Offender Profile | | Interview/Interrogation Strategy | Personality Assessment | Source Assessment | 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 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. | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Services provided by the NCAVC assisted my agency in (check all that apply): | | | | | | Arrest | Information Dissemination | Offender Identification | Victim/Body Recovery | | | Confession | Lead Generation | Search Warrant | Witness Statement(s) | | | Conviction | Linked Case Information | Source Recruitment | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Indictment | Media Leads | 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. | | | | | | |
|  | | | | | | |
|  | | | | | | |

THIS SURVEY IS DESIGNED TO BE COMPLETED ONLINE

IT MAY BE COMPLETED AND MAILED TO: CIRG/NCAVC/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FBI Academy, Quantico, VA 22135

OR FAXED TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR EMAILED TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_