

**FBI****Customer Satisfaction****Lab #:****Case ID #:****Performed by:****Discipline:****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, 2501 Investigation Parkway, Quantico, VA 22135.

Date Received \_\_\_\_\_ By \_\_\_\_\_ Entered in Assessment Database \_\_\_\_\_

**Customer Information**

Below is a list of customers associated with this request. Please indicate that you are the customer responding by adding an "X" in the field in front of your name. If your name does not appear below, please replace an existing customer with your contact information. Please fill in any missing fields for your information as well.

Responding	Customer Name	Phone Number	Email Address
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**Survey Instructions**

Thank you for using the services of the FBI Laboratory. In an effort to improve our services, please respond to the following questions about the services provided by the above listed employee. To add additional comments, please use the section at the end of the survey. Upon completion, save your survey and email to the Forensic Analysis Support Unit at [Lab\\_Cust\\_Survey@fbi.gov](mailto:Lab_Cust_Survey@fbi.gov). For TEDAC services email to: [TEDAC\\_Customer\\_Satisfaction@fbi.gov](mailto:TEDAC_Customer_Satisfaction@fbi.gov) or SIPR email: [TEDAC\\_Customer\\_Satisfaction@fbi.sgov.gov](mailto:TEDAC_Customer_Satisfaction@fbi.sgov.gov).

**Questions**

A. Communication between my agency and the above listed Laboratory employee was sufficient to deliver the services:

Yes \_\_\_\_\_ No \_\_\_\_\_

B. The services were delivered in a time frame that met my expectations:

Yes \_\_\_\_\_ No \_\_\_\_\_

C. The clarity, format, and/or content of the Laboratory report met my expectations:

Yes \_\_\_\_\_ No \_\_\_\_\_

D. Please rate the overall quality of the service received associated with the services provided:

Outstanding \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_

**Additional Comments**

Please use the space below for any comments regarding the services provided or additional feedback about service improvement or additional services that could be offered. Additional pages can be added as needed.