

## NYSP Crime Laboratories Customer Satisfaction Survey Form

*It is the objective of the NYSP Crime Laboratory System to provide the best service possible. You can help us by taking a moment to complete this form and provide relevant feedback. Your co-operation is greatly appreciated.*

**Customers are encouraged to make comments on the reverse side. Please be as specific as possible.**

SP Laboratory for which you are providing feedback:	Case type:	Date you completed this survey:
Your agency name:	Your name and rank (if applicable):	
Your agency contact information (address and telephone):		

**How would you rate each of the following as it applies to the laboratory cited above? Please rate using the following scale:**

Dissatisfied 1 2 3 4 5 Very Satisfied  
(N/A=Not Applicable)

- |  |  |                          |  |
|--|--|--------------------------|--|
| 1. Access to laboratory (example: hours of operation). |  | <input type="checkbox"/> |  |
| 2. Availability of staff.                              |  | <input type="checkbox"/> |  |
| 3. Professionalism of staff.                           |  | <input type="checkbox"/> |  |
| 4. Responsiveness.                                     |  | <input type="checkbox"/> |  |

Did the Laboratory accomplish the following:	Yes	No	N/A
1. Fulfill the examination requested in the submission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provide examination results in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provide examination results in an understandable written format?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provide relevant and professional testimony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Customers are encouraged to make comments in the space provided on the back of this form. Please be as specific as possible when making comments.

Comments:

*Forms can be delivered or mailed to any laboratory to the attention of the Laboratory Director. Collection receptacles for this purpose are provided at each laboratory's evidence receiving window. Each laboratory address is listed below:*

**FIC**

New York State Police  
Forensic Investigation Center  
Building #30, 1220 Washington Avenue  
Albany, New York 12226-3000

**MHRCL**

New York State Police  
Mid-Hudson Regional Crime Laboratory  
Box 10131  
Newburgh, New York 12552-0131

**STRCL**

New York State Police  
Southern Tier Regional Crime Laboratory  
P.O. Box 213  
Port Crane, New York 13833-0213

**WRCL**

New York State Police  
Western Regional Crime Laboratory  
722 Homer Street  
Olean, New York 14760-1130