

NYSP Crime Laboratory System Customer Satisfaction Survey

1. Date: _____ Laboratory case number: _____

2. Name of agency / agency contact information:

3. To which lab(s) do you submit evidence? (select all that apply)

Forensic Investigation Center

Mid-Hudson Satellite Crime Lab

Southern Tier Satellite Crime Lab

Western Satellite Crime Lab

4. To which section(s) do you submit evidence? (select all that apply)

Biological Science

Friction Ridge

Drug Chemistry

Toxicology

Firearms

Trace Evidence

Other:

5. How would you rate the evidence submission process? (5 = very satisfied; 1 = unsatisfied)

Comments:

6. How would you rate access to the laboratory (e.g. hours of operation)? (5 = very satisfied; 1 = unsatisfied)

Comments:

7. How would you rate the availability of staff? (5 = very satisfied; 1 = unsatisfied)

Comments:

8. Do employees of the lab present themselves in a professional manner?

Comments:

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9. Was your request for testing and/or prioritization fulfilled?

Comments:

10. Were results provided in a timely manner?

Comments:

11. Are the results in the lab report clearly communicated and understood?

Comments:

12. Were your questions related to the laboratory process or testing results sufficiently answered?

Comments:

13. What areas of our laboratory process would you like to see improved?

14. Please provide any additional feedback.