

LABORATORY CASE NO: \_\_\_\_\_



**VIRGINIA DEPARTMENT OF FORENSIC SCIENCE  
CUSTOMER SATISFACTION SURVEY  
CASE SPECIFIC**

**THE DEPARTMENT OF FORENSIC SCIENCE STRIVES TO ACHIEVE SERVICE EXCELLENCE THROUGH OPEN COMMUNICATION AND COOPERATION WITH OUR CLIENT AGENCIES. PLEASE ASSIST US IN ACHIEVING THIS GOAL BY COMPLETING THIS ASSESSMENT OF OUR SERVICES.**

**PLEASE CIRCLE THE LABORATORY SECTIONS THAT PROVIDED SERVICES FOR THIS INVESTIGATION.**

- |                               |                      |                             |
|-------------------------------|----------------------|-----------------------------|
| Biology (DNA/Serology)        | Breath Alcohol       | Controlled Substances       |
| Digital & Multimedia Evidence | Firearms & Toolmarks | Latent Prints & Impressions |
| Toxicology                    | Trace Evidence       |                             |
| Administration                | Evidence Receiving   |                             |

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1. WERE RESPONSES TO INQUIRIES PROVIDED IN A TIMELY MANNER?
2. DID THE LABORATORY STAFF TREAT YOU IN A PROFESSIONAL MANNER?
3. DID THE SERVICES MEET YOUR NEEDS?
4. OVERALL, HOW SATISFIED ARE YOU WITH THE SERVICES PROVIDED BY THIS LABORATORY SECTION(S)?

VIRGINIA  
DEPARTMENT  
OF  
FORENSIC SCIENCE

ADDITIONAL COMMENTS:

***THANK YOU FOR TAKING THE TIME TO HELP US IMPROVE OUR SERVICES.***

YOUR NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE MAIL OR FAX THE COMPLETED SURVEY TO:**