Department of Forensic Genetics Laboratory Service Feedback Form

In an effort to continually improve our services to our customers, we are asking for your input in the form of the survey below. If you wish to point out any of the following as our particular strengths or weaknesses please indicate them below:

Characteristics of Services Provided

1. Responsiveness of laboratory personnel to your questions.
2. Timeliness in answering/addressing concerns or requests.
3. Turnaround time of examinations.
4. Clarity of reports.
5. Effectiveness in communication of policies regarding acceptance/ rejection of evidence.
6. Responsiveness of senior staff for discussions about problems/ concerns.
7. Quality of court testimony by laboratory personnel. (if applicable)

Characteristic No.	Comments
_____	_____
_____	_____
_____	_____
_____	_____

Submitted by (if a response is desired, please include phone number):
Agency Name:_____ Contact Name & Rank:_____
Phone Number:_____

Please return this form to the laboratory via fax to: Karen Dooling, QA Manager, Fax: (516) 572-5818.
Feel free to call us with any questions or concerns at (516) 572-5193.

Thank you very much for taking the time to help us improve our services to you.