NCOME Division of Forensic Services

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. Please rate each category utilizing the following rating system: (1) poor, (2) good, (3) very good, (4) excellent, and (n/a) not applicable. If a rate of (1) is given, please explain in the space provided. Additional comments may be provided under each rating.

Laboratory Case No: ____

Survey Source: Email (please select from dropdown menu)

Section: General Laboratory (please select from dropdown menu)

1. Responsiveness of laboratory personnel to your questions: 1 2 3 4 n/a ☐ ☐ ☐ ☐ ☐

Comments:

2. Timeliness in answering/addressing concerns or requests: ☐ ☐ ☐ ☐ ☐

Comments:

3. Turnaround time of examinations: ☐ ☐ ☐ ☐ ☐

Comments:

4. Clarity of reports: ☐ ☐ ☐ ☐ ☐

Comments:

5. Effectiveness in communication of policies regarding acceptance/rejection of evidence: ☐ ☐ ☐ ☐ ☐

Comments:

6. Responsiveness of senior staff for discussions about problems/concerns: ☐ ☐ ☐ ☐ ☐

Comments:

Submitted by (if a response is desired, please include phone number):

Agency Name:_____ Contact Name & Rank:_____

Date:_____ Phone Number:_____

Please fax to: (516) 572-5818 or e-mail kdooling@nassaucountyny.gov Attn: Karen Dooling