



TEXAS DEPARTMENT OF PUBLIC SAFETY  
CRIME LABORATORY

**Customer Survey**

LAB-QA-23 Rev.01 (08/2009)

The Texas DPS strives to achieve service excellence through open communication and cooperation with our customers. Please assist us in achieving this goal by completing this service evaluation.

**We welcome your positive and negative comments on our operations and areas where we might improve our service (e.g., speed of analysis, report writing, personnel and equipment needs). Thank you for your assistance.**

Laboratory  
Location \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Agency \_\_\_\_\_

Phone \_\_\_\_\_

1. Rate the clarity and understandability of the reported results of analysis. (Below Average responses should include a comment for improvement)	<table border="0"> <tr> <td>Excellent</td> <td>Average</td> <td>Poor</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Excellent	Average	Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excellent	Average	Poor					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2. Rate the level of courtesy you received when in contact with laboratory personnel? (Below Average responses should include a comment for improvement)	<table border="0"> <tr> <td>Excellent</td> <td>Average</td> <td>Poor</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Excellent	Average	Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excellent	Average	Poor					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3. If you had to contact the laboratory regarding a question, did you obtain the requested information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If <b>NO</b> , Please Comment Below.						
4. Have you had difficulty in contacting the laboratory or making an appointment to visit the laboratory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If <b>YES</b> , Please Comment Below.						
5. Has evidence that has been returned to your office been in a satisfactory condition? (seals, packaging, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If <b>NO</b> , Please Comment Below.						
What could we do to improve the services we offer to you?							
Comments (Please include names of personnel/relevant case numbers/dates of contact as applicable):							

Mail to:  
**Quality Assurance, Crime Laboratory**  
**Texas DPS**  
**PO Box 4143 MSC 0460**  
**Austin, TX 78765**

Or Fax to:  
**512-424-5645**