



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY

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Customer Survey

LAB-501 Rev.03 (10/2023) p.3 Issued by: SQM

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.

Date Completed: _____

1. Which crime laboratory are you rating?

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Abilene | <input type="checkbox"/> Garland |
| <input type="checkbox"/> Amarillo | <input type="checkbox"/> Houston |
| <input type="checkbox"/> Austin | <input type="checkbox"/> Laredo |
| <input type="checkbox"/> Breath Alcohol | <input type="checkbox"/> Lubbock |
| <input type="checkbox"/> Capitol Area | <input type="checkbox"/> Midland |
| <input type="checkbox"/> Convicted Offender/
Statewide CODIS Program | <input type="checkbox"/> Tyler |
| <input type="checkbox"/> Corpus Christi | <input type="checkbox"/> Waco |
| <input type="checkbox"/> El Paso | <input type="checkbox"/> Weslaco |

2. Which section of the laboratory are you rating?

- | | |
|---|---|
| <input type="checkbox"/> The entire laboratory | <input type="checkbox"/> CODIS |
| <input type="checkbox"/> Evidence Coordination | <input type="checkbox"/> Digital / Multimedia |
| <input type="checkbox"/> Administrative Staff | <input type="checkbox"/> Firearms and Toolmarks |
| <input type="checkbox"/> AFIS | <input type="checkbox"/> Forensic Document Examination |
| <input type="checkbox"/> Biology / DNA | <input type="checkbox"/> Friction Ridge |
| <input type="checkbox"/> Breath Alcohol Calibration/
Testing | <input type="checkbox"/> Seized Drugs |
| <input type="checkbox"/> Breath Alcohol Certified
Reference Material | <input type="checkbox"/> Toxicology (Alcohol / Volatiles) |
| | <input type="checkbox"/> Toxicology (Drugs) |
| | <input type="checkbox"/> Trace Evidence |

3. How likely is it that you would recommend this crime lab to a friend or colleague?

- ☐ Extremely likely
☐ Very likely
☐ Not so likely
☐ Not likely
☐ Not at all

4. Overall, how satisfied are you with the service you have received?

- ☐ Very satisfied
☐ Somewhat satisfied
☐ Neither satisfied nor dissatisfied
☐ Somewhat dissatisfied
☐ Very dissatisfied



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5. Which of the following words would you use to describe our service? Select all that apply.

- | | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Reliable | <input type="checkbox"/> Fast | <input type="checkbox"/> Ineffective |
| <input type="checkbox"/> High quality | <input type="checkbox"/> Slow | <input type="checkbox"/> Poor quality |
| <input type="checkbox"/> Useful | <input type="checkbox"/> Responsive | <input type="checkbox"/> Unreliable |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> Timely | |
| <input type="checkbox"/> Other (please specify) | | |

6. How well do the services offered meet your needs?

- ☐ Extremely well
- ☐ Very well
- ☐ Somewhat well
- ☐ Not so well
- ☐ Not well at all

I would like to see this offered:

7. How would you rate the quality of the analysis?

- ☐ Very high quality
- ☐ High quality
- ☐ Neither high nor low quality
- ☐ Low quality
- ☐ Very low quality

8. How would you rate the report that you received?

- ☐ Well written and easy to understand
- ☐ Well written but too technical
- ☐ Adequate
- ☐ Could be better
- ☐ Confusing

9. How responsive has the laboratory been to your questions or concerns?

- ☐ Extremely responsive
- ☐ Very responsive
- ☐ Not so responsive
- ☐ Not responsive at all
- ☐ Not applicable

10. How long have you been a customer of this crime lab?

- ☐ First time
- ☐ Less than six months
- ☐ Six months to a year
- ☐ 1-2 years
- ☐ 3 or more years



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11. Have you experienced a situation that you found to be unsatisfactory or unacceptable? Please provide as much information as possible.
12. Have you experienced a situation that you found to be worthy of a compliment? Please provide as much information as possible.
13. Do you have any other comments, questions, or concerns?
14. Please provide your contact information. (Optional – Please note that without contact information, the laboratory's ability to provide follow up will be limited.)

Name	
Agency	
E-mail Address	
Phone Number	

E-mail: LabQA@dps.texas.gov