



NEW JERSEY STATE POLICE OFFICE OF FORENSIC SCIENCES CRIME LABORATORY PERFORMANCE SURVEY

In order to continue to provide the highest quality service to the citizens of New Jersey, we are asking for your input. Please feel free to forward copies of this form to all personnel in your agency who may use our services or work closely with the laboratory. Thank you.

Director – Office of Forensic Sciences

Date:

Which Laboratory Are You Rating?	<i>If rating more than one Laboratory please fill out a separate form for each.</i>
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- | | |
|---|---|
| <input type="checkbox"/> Central Regional Laboratory (Hamilton) | <input type="checkbox"/> North Regional Laboratory (East Hanover) |
| <input type="checkbox"/> DNA Laboratory (Hamilton) | <input type="checkbox"/> South Regional Laboratory (Hammonton) |
| <input type="checkbox"/> East Regional Laboratory (Sea Girt) | <input type="checkbox"/> Forensic Anthropology (Hamilton) |

What Service(s) Are You Rating?	<i>Please check all boxes that apply.</i>
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- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Analysis | <input type="checkbox"/> Forensic Serology | <input type="checkbox"/> Fiber Analysis |
| <input type="checkbox"/> Blood Alcohol | <input type="checkbox"/> DNA Analysis | <input type="checkbox"/> Hair Analysis |
| <input type="checkbox"/> General Toxicology | <input type="checkbox"/> CODIS | <input type="checkbox"/> Glass Analysis |
| <input type="checkbox"/> DFC | <input type="checkbox"/> Fire Debris Analysis | <input type="checkbox"/> Paint Analysis |
| <input type="checkbox"/> Forensic Anthropology | <input type="checkbox"/> Low Order Explosives | <input type="checkbox"/> Other Trace Analysis |
| <input type="checkbox"/> Assistance at Crime Scenes | <input type="checkbox"/> Gunshot Residue Analysis | <input type="checkbox"/> Lectures & Presentations |
| <input type="checkbox"/> Evidence Receiving | <input type="checkbox"/> Impression Evidence | <input type="checkbox"/> Other: _____ |

Service To Be Rated	Exceeds Expectations	Meets Expectations	Below Expectations <i>(Please Explain)</i>
Service When Calling Into Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of Findings/Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism and Courtesy of Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Laboratory Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments	<i>Please state any positive experiences you have had with the laboratory and/or its staff. Please list any areas in which you feel the laboratory can be improved. Do you have any suggestions for further services you would like to see the laboratory provide?</i>
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Name: *(Optional)* _____ **Contact #:** *(Optional)* _____
Agency: *(Optional)* _____ **Case #:** *(Optional)* _____

Would you like to be contacted regarding the handling of this case? YES NO

Please return your questionnaires to the individual laboratory or send them to:

NJSP OFS Administration
Hamilton Technology Complex
1200 Negron Drive, Hamilton, NJ 08691
(609) 584-5054 ext. 5733 Fax: (609) 584-0591
NJSPOFS@njsp.gov