**Vermont Forensic Laboratory Survey**



We are dedicated to providing the highest quality services. To assist in doing so, we are asking for your input. Please take a few minutes to complete this survey. The information you provide will only be shared with the appropriate laboratory personnel.

If you have a compliment, concern, or complaint, we welcome the opportunity to discuss the matter further. We ask that you provide your name and telephone number/email address at the end of this survey if you would like to be contacted.

Survey Date:

What Service(s) Are You Rating? *Please check all that apply.*

CODIS

Digital Imaging

DNA

Drug Analysis

Evidence Processing

Firearms/Toolmarks

Latent Prints

Serology

Toxicology/DMT

Training

Courtroom Testimony

Other (Please list in comments.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service To Be Rated | Excellent | Good | Average | Disappointing | Poor | N/A |
| Level of professionalism displayed by the laboratory staff. |  |  |  |  |  |  |
| Helpfulness of the staff’s knowledge, suggestions, and referrals. |  |  |  |  |  |  |
| Level of satisfaction with the quality of communication with the VFL. |  |  |  |  |  |  |
| Ease of communicating with the VFL. |  |  |  |  |  |  |
| Timeliness of responses from the VFL staff. |  |  |  |  |  |  |
| Level of satisfaction when requesting priority services from the VFL. |  |  |  |  |  |  |
| Clarity of information in reports from the VFL. |  |  |  |  |  |  |
| Staff’s ability to explain analyses and test results in an understandable manner. |  |  |  |  |  |  |
| Satisfaction with the VFL’s hours of operation and evidence locker availability. |  |  |  |  |  |  |
| VFL’s ability to meet your agency’s needs. |  |  |  |  |  |  |

Please Explain:

Do you have any suggestions for further services and/or trainings you would like the laboratory to provide?

Additional Comments: 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.

Name: *(Optional)*       Contact #: *(Optional)*

Agency: *(Optional)*       Case #: *(Optional)*

Please return your questionnaire to the Vermont Forensic Laboratory (drop box in Evidence Intake area) or send them to:

Laboratory Director trisha.conti@vermont.gov

Vermont Forensic Laboratory Phone: 802-241-5436

45 State Drive Fax: 802-241-5557

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