Customer Feedback Form

Form Number:

Date: _____
(To be filled by SFAQA)

Section A-Customer/Visitor details

Name: _____ Designation: _____
Organization: _____ Contact Number: _____
Date & Time of Visit: _____
Purpose of Visit: _____

Section B – Evaluation of Forensic Services

Kindly rate your experience with the relevant NFA forensic departments based on the services rendered.

1. Crime Scene Unit ☐ Excellent ☐ Good ☐ Average ☐ Poor	**2. Fingerprint** ☐ Excellent ☐ Good ☐ Average ☐ Poor
3. Digital Forensics ☐ Excellent ☐ Good ☐ Average ☐ Poor	**4. DNA & Serology** ☐ Excellent ☐ Good ☐ Average ☐ Poor
5. Firearms & Toolmarks ☐ Excellent ☐ Good ☐ Average ☐ Poor	**6. Questioned Documents** ☐ Excellent ☐ Good ☐ Average ☐ Poor
7. Polygraph Examination ☐ Excellent ☐ Good ☐ Average ☐ Poor	**8. Toxicology** ☐ Excellent ☐ Good ☐ Average ☐ Poor
9. Narcotics ☐ Excellent ☐ Good ☐ Average ☐ Poor	**10. Pathology** ☐ Excellent ☐ Good ☐ Average ☐ Poor
11. Trace Chemistry ☐ Excellent ☐ Good ☐ Average ☐ Poor	**12. Explosives** ☐ Excellent ☐ Good ☐ Average ☐ Poor
13. Evidence Receiving Unit ☐ Excellent ☐ Good ☐ Average ☐ Poor	**14. Other (specify):** ☐ Excellent ☐ Good ☐ Average ☐ Poor

Please give reason if rated 'Average' or 'Poor':

_____

Section C – General Feedback

Does the NFA website provide sufficient guidance regarding evidence packaging, transportation & submission?
☐ Yes ☐ No
If **No** please comment: _____
Customer Signature with date: _____
Note: Incomplete forms shall not be entertained. A separate sheet may also be used to include details (if required).