



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?

If rating more than one Laboratory please fill out a separate form for each.

- ☐ Central Regional Laboratory (Hamilton)
☐ DNA Laboratory (Hamilton)
☐ East Regional Laboratory (Sea Girt)

- ☐ North Regional Laboratory (East Hanover)
☐ South Regional Laboratory (Hammonton)
☐ Forensic Anthropology (Hamilton)

What Service(s) Are You Rating?

Please check all boxes that apply.

- ☐ Drug Analysis
☐ Blood Alcohol
☐ General Toxicology
☐ DFC
☐ Forensic Anthropology
☐ Assistance at Crime Scenes
☐ Evidence Receiving

- ☐ Forensic Serology
☐ DNA Analysis
☐ CODIS
☐ Fire Debris Analysis
☐ Low Order Explosives
☐ Gunshot Residue Analysis
☐ Impression Evidence

- ☐ Fiber Analysis
☐ Hair Analysis
☐ Glass Analysis
☐ Paint Analysis
☐ Other Trace Analysis
☐ Lectures & Presentations
☐ Other: _____

Service To Be Rated	Exceeds Expectations	Meets Expectations	Below Expectations (Please Explain)
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

*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?

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Name: (Optional) _____
Agency: (Optional) _____

Contact #: (Optional) _____
Case #: (Optional) _____

Is additional discussion needed to address the feedback provided? YES ☐ NO ☐

If "Yes", include your contact information above.

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

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Hamilton Technology Complex
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(609) 584-5054 ext. 5733 Fax: (609) 584-0591
NJSPOFS@njsp.gov