BID-010 (03/2013)
MICHIGAN STATE POLICE
Biometrics and Identification Division

Criminal Investigative Analysis / Behavioral Analysis Service Evaluation

AUTHORITY: 1935 PA 59; **COMPLIANCE:** Voluntary;

Send Completed Hard-Copy Form To:	**Instructions:**
Michigan Department of State Police Biometrics and Identification Division P.O. Box 30634, Lansing, MI 48909	As part of our continuing effort to improve our service delivery, we ask that you complete this short evaluation. Return this form via e-mail by clicking the button marked, "Submit via Email" located at the bottom of the page or use the address to the left for hard-copy submissions.

Agency Name	Agency Incident Number	Officer in Charge
Laboratory Number	CIAU Number	Date of Contact / Meeting / Consultation
Location of Meeting / Consultation		Nature of Crime

A. CIAU/BAT Staff - Where indicated, rate your experience from 1 - 10 with 10 being the best and 1 the worst.

1. Ease of contacting the CIAU/BAT personnel or getting assistance from administrative staff.

☐ 10 (Best) ☐ 9 ☐ 8 ☐ 7 ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (Worst)

2. Response time to your initial request.

☐ 10 (Best) ☐ 9 ☐ 8 ☐ 7 ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (Worst)

3. What could the CIAU/BAT do to improve service?

B. On-Site - Where indicated, rate your experience from 1 - 10 with 10 being the best and 1 the worst.

1. Rate the CIAU/BAT professionalism.

☐ 10 (Best) ☐ 9 ☐ 8 ☐ 7 ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (Worst)

2. Rate the CIAU/BAT ability to communicate.

☐ 10 (Best) ☐ 9 ☐ 8 ☐ 7 ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (Worst)

3. Consultation conducted satisfactorily in regards to this investigation.

☐ 10 (Best) ☐ 9 ☐ 8 ☐ 7 ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (Worst)

4. Your overall satisfaction with CIAU/BAT on-site service.

☐ 10 (Best) ☐ 9 ☐ 8 ☐ 7 ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (Worst)

5. What could be done to improve your on-site CIAU/BAT service in the future?

C. Consultation Outcomes

1. Was a debriefing conducted? ☐ Yes ☐ No

If yes, was the consultation beneficial to your investigation?

2. Were agency investigators kept up-to-date with CIAU/BAT procedures?

☐ 10 (Best) ☐ 9 ☐ 8 ☐ 7 ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (Worst)

D. Comments

1. How would you rate the overall service?

☐ 10 (Best) ☐ 9 ☐ 8 ☐ 7 ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (Worst)

2. Additional Comments or Suggestions: