

Division of Forensic Toxicology (DFT), AFMES – Client Feedback Survey

AUTHORITY:	DODI 5154.30; ISO/IEC 17025
PRINCIPLE PURPOSE:	To solicit feedback from DFT clients.
ROUTINE USE:	For use by the DFT Quality Assurance for administrative oversight of services provided by the DFT.
DISCLOSURE:	Disclosure of requested information is voluntary.

Instructions: Please complete sections I - III; return via mail or email to:

Armed Forces Medical Examiner System Attn: DFT, Quality Assurance 115 Purple Heart Drive Dover AFB 19902	Email: usarmy.dover.medcom-afmes.mbx.fortox@mail.mil
	For any questions, please call: 302-346-8724

SECTION I:

Name of Submitter:	
Submitter Organization:	
Period of Performance or DFT Case Number:	

SECTION II:

Please indicate your degree of satisfaction in the following categories of your experience with the DFT:

	Highly Satisfied	Satisfied	Neutral	Dissatisfied	Highly Dissatisfied	N/A
Expectations Met						
Ease of Interpretation						
Accuracy of Reports						
Timeliness of Delivery						
Staff Interactions						

Section III:

Please comment on any unsatisfactory ratings:

Please comment on interactions with the technical staff:

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Section III (continued):

Do you have any suggestions to improve our services or interactions?

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Please describe your overall experience with the DFT:

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Additional Remarks:

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Signature	Date (if no e-signature)	Printed Name (if no e-signature)

Section IV (TO BE FILLED BY DFT PERSONNEL ONLY):

Survey Number:

Signature	Date (if no e-signature)	Quality Assurance (if no e-signature)

Signature	Date (if no e-signature)	Deputy Director (if no e-signature)