



QSP/QF/L4/018	FEEDBACK FORM	Issue on	13-12-2022	Revision	2.2
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CUSTOMER FEEDBACK FORM

Form No.	
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Date: _____

(To be filled by QA Manager)

Section A – To be filled by Customer/Visitor

Note: Your Feedback either positive or negative is very important for us and shall help us improve our services even further

Name: _____ Designation: _____ Organization: _____

Phone / Cell Number: _____ Purpose of Visit: _____ Date of Visit: _____

1- How do you rate PFSA Forensic Services about the departments on submitted evidence for analysis?

Sr, No.	Department	Excellent	Good	Average	Poor	Please provide reason if 'AVERAGE / POOR'
1-	Audio Video Analysis					
2-	Crime Scene Unit					
3-	Computer Forensics					
4-	DNA & Serology					
5-	Firearms and Toolmarks					
6-	Latent Fingerprints					
7-	Narcotics					
8-	Pathology					
9-	Questioned Documents					
10-	Trace Chemistry					
11-	Toxicology					
12-	Evidence receiving Unit					
13-	Polygraph					

2- How do you rate evidence submission / packaging related guidelines provided by PFSA through website and trainings?

Sr. No	Type of Training	Excellent	Good	Average	Poor	Please provide reason if 'AVERAGE / POOR'
1-	Packaging					
2-	Sealing					
3-	Labelling					
4-	Transportation					

