**TESTIMONY EVALUATION FORM**

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The [Agency Name] strives to achieve service excellence through open communication and cooperation with our customers. The purpose of this questionnaire is to provide information that will help the laboratory staff provide effective testimony.

On Click to enter Date,       testified in a legal matter you were present for. Please take a moment to complete these questions and return this survey with the enclosed envelope.

Name:

Agency/Business:

Your Role:  Judge  Prosecutor  Defense  Other

1. Did the analyst have a professional appearance?  Yes  No
2. Was the analyst well prepared for the proceeding?  Yes  No
3. Did the analyst communicate effectively?  Yes  No
4. Were you satisfied with the overall testimony?  Yes  No

Comments or suggestions:

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After completing this form please return by U.S. Mail with the enclosed envelope.

Thank you for your assistance.

[Agency Name] Quality Assurance/Quality Control

Your Address