



# Forensic Sciences Laboratory

## Complaint Form

*To be filled out by Complainant*

<b>Complainant's Name:</b>	<b>Date:</b>
<b>Phone #:</b>	<b>Address:</b>
<b>Email Address:</b>	<b>Agency (if applicable):</b>

**Complaint Information (fill as applicable):**

<b>Agency Case #:</b>	<b>BFS Case #:</b>
<b>Court Case #:</b>	<b>Date of Occurrence:</b>
<b>Nature of Complaint:</b> <input type="checkbox"/> Customer Service <input type="checkbox"/> Misconduct <input type="checkbox"/> Testimony <input type="checkbox"/> Personnel <input type="checkbox"/> Other: _____	<b>Laboratory Section:</b> <input type="checkbox"/> Evidence Intake <input type="checkbox"/> Video Analysis <input type="checkbox"/> Fire Debris Analysis <input type="checkbox"/> All Areas <input type="checkbox"/> Other: _____

**Description of Complaint:**

**Any documentation provided with complaint?** ☐ Yes ☐ No

***For Internal Use Only***

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<b>Name of person documenting complaint:</b>	<b>Method of receiving complaint:</b> <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Phone call <input type="checkbox"/> Survey <input type="checkbox"/> Oral communication <input type="checkbox"/> Testimony Evaluation Other: _____
<b>Signature:</b>	
<b>Date</b>	

<b>Bureau Chief, or Designee Name:</b>	<b>Date Form Received:</b>
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<b>Acknowledgment of complaint receipt to complainant:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Complaint determined to be:</b> <input type="checkbox"/> Valid <input type="checkbox"/> Invalid <input type="checkbox"/> Undetermined

<b>Lab Member(s) Interviewed:</b>	<b>Date of Interview:</b>
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<b>Was the complainant notified of the resolution of the complaint?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CAR Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CAR #:</b>
<b>Risk Identified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Bureau Chief, or Designee/Date</b>
<b>Improvement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	