



CUSTOMER SURVEY

Please complete this survey if you submitted evidence to the IWRCFL for imaging or examination. (Please circle your ratings)

1. IWRCFL case number:
2. How would you rate our communication with you on this case?
(Low) 1 2 3 4 5 6 7 8 9 10 (High)
3. How would you rate the quality of the service for the exam on this case?
(Low) 1 2 3 4 5 6 7 8 9 10 (High)
4. Please rate the ease of submitting your evidence/case
(Low) 1 2 3 4 5 6 7 8 9 10 (High)
5. Would you recommend the IWRCFL to other Law Enforcement Agencies?
(Low) 1 2 3 4 5 6 7 8 9 10 (High)

Comments:

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