

King County Sheriff's Office
 Research, Planning & Information Services
 Centralized Crime Analysis (CCA)

CCA:

CCA Request Number

Project Name

Feedback Form

CONTACT INFORMATION

DATE:			CCA REQUEST NUMBER:		
FROM:		PHONE:		FAX:	
OFFICE LOCATION:		PAGER:		METHOD OF COMPLETING THIS FORM?	
PROJECT NAME & PROJECT DATE:					

FEEDBACK QUESTIONS

GENERAL

1) WAS THE INFORMATION PROVIDED TO YOU USEFUL?
 _____ YES
 _____ NO If no, why?

2) WHAT WAS THE INFORMATION USED FOR? (PLEASE CHECK ALL OPTIONS THAT APPLY)

- VERIFY CASE DATA _____
- DEVELOP NEW LEADS _____
- CLEAR CASES _____
- IDENTIFY A SUSPECT _____
 NAME: _____
- MAKE AN ARREST _____
 NAME: _____
- OTHER _____
 EXPLAIN _____

3) DID THE INFORMATION ESTABLISH TACTICAL ACTION? YES _____ NO _____
IF YES, PLEASE LIST THE TYPE (I.E. PROBLEM SOLVING)

4) WERE YOU PROVIDED WITH ALL DATA REQUIRED? YES _____ NO _____

5) WAS THE SERVICE SATISFACTORY? YES _____ NO _____

6) PLEASE PROVIDE ANY ADDITIONAL COMMENTS AND/OR SUGGESTIONS REGARDING THE SERVICES PROVIDED TO YOU BY CENTRALIZED CRIME ANALYSIS.

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This document is confidential and is intended for internal KCSO requests and use only. The CCA request number and project name will be assigned, implemented and completed by and at the discretion of CCA.