

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.