

ERIE COUNTY
CENTRAL POLICE SERVICES
FORENSIC LABORATORY



45 ELM STREET
BUFFALO, NEW YORK 14203
(716) 858-7408

Customer Complaint Form

Name of Complainant: _____

E-mail Address: _____

Agency: _____

Laboratory section: _____
(if applicable)

Phone Number: _____ **Date:** _____

Complaint (*Explain*):

Person Submitting Complaint: _____
(If different than above)

Please return this form via e-mail to: Maria.Orsino@erie.gov

Do not write below this space-For Laboratory Use Only

Action Taken to Resolve Complaint:

Laboratory Director: _____ **Date:** _____

Section Supervisor: _____ **Date:** _____

Quality Manager: _____ **Date:** _____

The Laboratory has acknowledged receipt of the complaint by notifying the complainant or respective agency.