

DEKALB COUNTY VICTIM SERVICES PROGRAM

You may attach pages as necessary.

Please fill out and return, it is pertinent that we hear your thoughts and concerns regarding this Service provide to you.

What type of assistance did you receive? (Check all that apply)

- Criminal Case Civil Case (Order of Protection)
 Information & Referral Emotional Support

Please rate the quality of these services: (1 = poor and 5 =excellent)

- 1 2 3 4 5

Why do you rate it this way?

What was your perception of the advocate's role?

How would you improve this type of service?

Were you contacted in a timely manner after the crime? (Circle one)	Yes	No
If NO, then when would you have preferred to have been contacted?		

Were your rights as a victim made clear to you? (Circle one)	Yes	No
Were your needs as a victim recognized and addressed? (Circle one)	Yes	No
Did you receive necessary assistance for your situation? (Circle one)	Yes	No
Was the Criminal Justice System explained clearly to you? (Circle one)	Yes	No
If NO how could it have been explained better?		

Other than the Victim Services Program, what other agencies did you utilize?

Were the other agency's helpful in your situation? (Circle one)	Yes	No	
Do you feel as though your knowledge of the Community Resources available to you were increased? (Circle one)	Yes	No	
Do you feel as though you had adequate access to accurate information about the legal system, in order to make informed decisions? (Circle one)	N/A	Yes	No
Were your safety needs and concerns address by the advocate? (Circle one)	N/A	Yes	No
Did you have a safety plan in place after your interaction with the advocate? (Circle one)	N/A	Yes	No

Other Comments:
