

VICTIM SATISFACTION SURVEY (YOUR LETTERHEAD)

October 25, 2017

Victim First Victim Last
Address
City, State Zip

JJIS #: JJIS

Dear Mr. Victim Last:

I am writing in regards to the services provided you from the XXXXXXX County Juvenile Department's Victim Impact Program. The XXXXXXX County Juvenile Department strives to be responsive and attentive to crime victim issues and needs, and now is requesting your help in providing feedback to let us know how we are doing.

Attached is a survey to provide your feedback regarding our victim services. Your honest feedback is encouraged and appreciated as we continuously strive to better serve victims of juvenile offenses.

If you have any questions or concerns regarding any of this information, do not hesitate to contact me.

Sincerely,

XXXXXX
Victim Services Coordinator
Contact Info

YOUR LETTERHEAD

The XXXXXX County Juvenile Department strives to be responsive and attentive to victim issues and needs.

In our attempt to be as successful as possible at fulfilling this mission we need your help. It would be greatly appreciated if you would complete the following Victim Survey and return it using the enclosed envelope. If you have questions about this survey please feel free to call XXX-XXX-XXXX.

1. The following statements represent issues that are often important to victims. Please indicate whether you agree or disagree with each statement.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
a. I was provided adequate information about my rights as a victim of crime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. To the extent that I had requested, I was kept abreast of the status of my case with the Juvenile Department.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. To the extent that I had requested, I received timely notice of upcoming court hearings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I was given ample opportunity to provide input to Juvenile Department staff about my case.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I was treated with respect by the Juvenile Department Staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I was given the opportunity to request restitution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The youth (s) was adequately held accountable for his/her behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Yes No **If you wanted information, did you know who to contact?**
3. Yes No **Are there services you did not receive that you feel would have been beneficial? Explain:** _____
4. Yes No **Is there a specific service or person that was particularly helpful to you? Explain:** _____

Thank you for taking your time to complete this survey. Please feel free to write any additional comments, concerns, compliments or suggestions on the back of this page.

Signature (optional)
JJIS #

Date