

GILA COUNTY VICTIM SERVICES EVALUATION SURVEY

Gila County is committed to providing excellent services to victims of crime. Because you were recently the victim of a crime, we would like to know how your experience was with Victim Services. Please take a few minutes to rate the following statements by marking the space that most closely matches your feelings. Your responses will help us serve you and other crime victims more effectively in the future.

1. What was the crime committed against you? _____
2. Were you contacted at least once by Victim Services after the initial contact (either by phone, in person or by mail)? YES NO
3. Did you receive an explanation of your rights regarding the criminal justice system (either by phone, in person or by mail)? YES NO
4. Did you receive notification of court proceedings throughout the court process (either by phone, in person or by mail)? YES NO
5. Did you *request* restitution or victim compensation assistance? YES NO
6. Did you *receive* restitution or victim compensation assistance? YES NO

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
7. I have an increased knowledge of services available.	<input type="radio"/>				
8. I have an increased understanding of my legal rights.	<input type="radio"/>				
9. The assistance provided by Victim Services has increased my ability to cope.	<input type="radio"/>				
10. I have an increased knowledge of how to access short and long term resources available to meet my needs.	<input type="radio"/>				
11. The information and assistance provided had a positive impact on my participation in the criminal justice system.	<input type="radio"/>				
12. The assistance provided by Victim Services helped reduce my anxiety about participating in the criminal justice system.	<input type="radio"/>				
13. I am satisfied with my level of participation in the criminal justice system.	<input type="radio"/>				
14. I have increased knowledge of the victim compensation program, restitution, advocacy services, and/or other financial assistance services.	<input type="radio"/>				
15. I am better able to assess my safety needs.	<input type="radio"/>				
16. The assistance provided by Victim Services was helpful.	<input type="radio"/>				
17. Overall I am satisfied with the assistance I received from Victim Services.	<input type="radio"/>				
18. I would recommend Victim Services to other crime victims.	<input type="radio"/>				
19. I have an increased feeling of my well being.	<input type="radio"/>				

Please feel free to add additional comments here:

Name (Optional) _____