



SURVEY

To improve our services, please give us your feedback. Thank you.

Client ID: _____
Advocate Name: _____
Date: _____

Domestic Violence / Sexual Assault
Officers Name: _____
Police Department: _____

Please check one that applies:

- Intake Children’s Program Police
- Exit Evolution Professional Counseling
- Legal Peer Group Other: _____

Please circle “Y” for Yes, “N” for No and “N/A” for Not Applicable.

Did you receive Safety Planning?	Y	N	N/A
Do you have an increase in knowledge of Community Resources & Services?	Y	N	N/A
Do you have an increase in knowledge of Crime Victims’ Rights Information?	Y	N	N/A
Did you receive Crisis Center Information?	Y	N	N/A
Did you receive Crime Victims Compensation information?	Y	N	N/A
Do you have an increase in sense of safety?	Y	N	N/A
Did you receive the information you requested?	Y	N	N/A
Did you have any unanswered questions?	Y	N	N/A

Additional Comments, Suggestions or Complaints:
