

9th JUDICIAL DISTRICT
Office of the District Attorney
Victim/Witness Assistance Program
CLIENT SURVEY

One goal of the Ninth Judicial District’s Victim/Witness Assistance Program is to provide comprehensive and effective services to the victims of crime in Garfield, Pitkin and Rio Blanco Counties.

In an effort to improve upon our services, we kindly ask that you take a few minutes of your time to complete this survey.

The information you supply will be considered during our periodic review of program goals and objectives and effect how programs are administered in the future. Completion of this survey form is strictly voluntary.

We thank you for your time and consideration in completing this form.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
I was treated with respect and fairness by the staff at the District Attorney’s Office.					
The Criminal Justice system, court procedures and legal terms were explained sufficiently.					
Letters I received from the District Attorney’s office were easy to understand and provided the needed information.					

	Yes	No	Not Applicable
I was informed of what charges were filed.			
Phone calls were returned promptly.			
I was given a Victim Impact Statement to complete.			
My questions and concerns were answered as needed.			
I was informed of the outcome of the case.			
The staff were professional and helpful			

If you answered “disagree” or “strongly disagree” to any of the above, we would appreciate your comments on how we can improve our program. Please include any additional comments you wish to make regarding the Victim/Witness Assistance Program or its staff. *Comments can be made on the back of this form.* **We value your opinion.**

- 1) What was the main source of communication with the District Attorney’s Office?
 Phone _____ E-mail _____ Letters _____ In-Person _____ All categories mentioned _____
 Did you feel the types of communication were effective in getting you needed information? Yes _____ No _____

- 2) Did you ever conduct business in-person at the District Attorney’s Office? Yes _____ No _____
 - a. If yes did you feel safe, secure and comfortable in the office? Yes _____ No _____
 - b. Was the office spaces and waiting area clean and professional? Yes _____ No _____

If you would like a response to any questions or concerns, please complete the following:

Name: _____ Phone Number: _____ Best time to contact: _____

RETURN FORM TO: Victim/Witness Assistance Program
 Office of the District Attorney
 109 8th Street, Suite 308
 Glenwood Springs, CO 81601

Please Type Comments Below Line