

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.

It is our goal to provide needed support and referrals for services as well as educate the victims we work with to educate them of their rights and the criminal justice process.

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

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
I was treated with fairness, respect and dignity by the staff at the District Attorney’s Office.					
The Criminal Justice system, court events and my rights as a victim 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 provided with a brochure explaining my legal rights.			
I was always updated on the status of my case.			
I was provided information on resources for services within my community			
I was given a Victim Impact Statement to complete.			
I believe the program helped provide services that increased my coping skills			
I was provided information on the various ways I could appear in court.			
Information on Crime Victim Compensation was provided.			
I feel my rights as a victim were upheld by the District Attorney’s Office			

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 _____

This survey is anonymous and not required. If you would like to provide your name and contact information you are welcome to do so. This would be helpful if the program staff would like to contact you and discuss any of your answers.

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