

The Bristol, VA Victim/Witness Assistance Program

497 Cumberland Street, Room 201
 Bristol, VA 24201



The Bristol, VA Victim/Witness Assistance Program requests your help. Please complete the following Client Survey based on the assistance we recently provided to you during the criminal justice process. Thank you for your time.

For Office Use Only		
Client Name:	Offender Name:	Case Number:
Advocate Name:	Date of Final Disposition:	Date Survey Returned:

1. How are you doing?

- Less than desirable
 As expected
 Better than expected
 Consistently better

1a. I was assisted in meeting my immediate needs:

- Less than expected
 As expected
 More than expected
 Consistently more

1b. I am now more aware of the services available to me:

- Less than expected
 As expected
 More than expected
 Consistently more

1c. I am using the information I received to help with my situation:

- Less than expected
 As expected
 More than expected
 Consistently more

2. How did we do?

- Less than desirable
 As expected
 Better than expected
 Consistently better

2a. I now have a better understanding of how the judicial process works:

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- Less than expected As expected More than expected Consistently more

2b. I now have a better understanding as my rights as a victim of crime:

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- Less than expected As expected More than expected Consistently more

2c. I feel safer because of the assistance I received from this Program:

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- Less than expected As expected More than expected Consistently more

2d. Did the Program listen, learn, and then execute solutions to overcome challenges?

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- Less than expected As expected More than expected Consistently more

3. The overall service from this Program was ...

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- Less than desirable As expected Better than expected Consistently better

4. Comments / Testimonial:

Thank you very much for taking the time to complete this survey. Your feedback is valued and very much appreciated!

Please return the completed survey to the Program in the self-addressed stamped envelope provided.