

# Office of the District Attorney

Follow-Up Questionnaire

Date of Incident \_\_\_\_\_

Please take this opportunity to give feedback on how well the Criminal Justice System handled your case in which you were a victim. Your input is valuable to us. Please return this form to: Victim/ Witness Unit, 105 E. Vermijo Avenue Ste. 111, Colorado Springs, CO 80903. Thanks.

Please rate the following:

**Victim Advocate:**

	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied	Not Applicable
The Victim Advocate was friendly and courteous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Victim Advocate was knowledgeable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Victim Advocate provided helpful information on other victim services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Victim Advocate explained the court proceedings clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Victim Advocate was willing to listen and respond to my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All of my questions were answered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**My Overall experience with the Judicial system was:**

- Very Good
- Good
- Poor
- Very Poor

**Additional Suggestions or comments:**

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**Thank you for your time!**