Town of residence:_____
(Albany, Lebanon, Sweet Home, other)
Race:_____
(Asian, Black, Hispanic, American Indian, White)

Case No.:_____

Defendant:_____

Grant funding requires us to report on your satisfaction with our services. Victim Services would greatly appreciate it if you could take time to complete this form and mail it to our office.
The envelope provided requires no postage.

VICTIM SERVICES EVALUATION FORM	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion (Neutral)
1. The services provided by this program helped me make informed choices about my situation.					
2. As a result of the information I received from the Victim Services Program, I better understand my rights as a victim of crime.					
3. The information given to me by the Victim Services Program helped me better understand the criminal justice system process as it relates to my case.					
4. A Crime Victim Specialist helped me learn how to access benefits, financial compensation and/or community resources.					
5. The Victim Services program staff treated me with respect while answering my questions and addressing my concerns.					

6. Please comment on how we could improve the Victim Services Program. Would you like a follow up call from the Victim Services Coordinator? Yes_____ No_____ If yes, please include your name, and contact information.

_____
_____
_____
_____
_____
_____
_____

Linn County District Attorney's Victim Services Program
300 4th Ave. SW, Room 100
P.O. BOX 100
Albany, OR 97321
(541) 967-3805 (Phone)
(541) 928-3501 (Fax)