



Victim Advocate Satisfaction Survey

Commonwealth Vs. _____

Docket#: _____

Victim/Witness Advocate: _____

In order to ensure that you received the mandated services under the Victim Bill of Rights, please take the time to complete the Victim Advocate Satisfaction Survey.

1. How were you first contacted by the advocate?
In person _____ by letter _____ by phone _____ Other _____

2. a.) Did the advocate explain the criminal process to you?
Yes _____ No _____
b.) How well was the criminal process explained to you by the advocate?
1-Excellent 2-Good 3-Fair 4-Poor

3. a.) Did your advocate inform you of every court date?
Yes _____ No _____
b.) How satisfied were you with this notification?
1-Excellent 2-Good 3-Fair 4-Poor

4. Did you ever have a meeting with the advocate?
Yes _____, if yes, were you satisfied with the service you received?

No _____, if no, please explain _____

5. Were you satisfied with the level of contact you had with your advocate?
1- Excellent 2- Good 3-fair 4-poor

6. How would you rate the advocate's services overall?
1-Excellent 2-Good 3-Fair 4-Poor

Add additional comments and recommendations.

***Office of the Bristol County District Attorney
District Attorney, C. Samuel Sutter***

**Internet link.....
Fax #: 508-999-2997**

Thank you for taking the time to complete this survey