

**Redwood County Attorney
Crime Victim Services Program**

Please take a moment to fill out the survey below. It will assist us in providing the best services possible to victims of crime.

1. I received written information on the criminal charges? Yes No
2. I received a Crime Victim's Rights brochure? Yes No
3. I received information regarding the opportunity to apply for restitution and write a victim impact statement?
 Yes No
4. The Victim Services Coordinator answered my questions and addressed my concerns?
 Completely Adequately Not at all
5. I was informed by letter, phone call, and/or email about proceedings, hearings or changes for my case throughout the court process? Yes No
6. I received information on any plea agreements offered in a timely manner? Yes No N/A
7. I felt that my voice was heard throughout this process? Yes No N/A
8. I received appropriate referrals for further services as needed? Yes No N/A
9. If you were required to testify and met with the prosecutor and Victim Services Coordinator, did you feel as though you were adequately prepared for trial? Yes No N/A
10. I received information on how to obtain post-conviction information? Yes No
11. Overall how satisfied are you with the quality of service you received from the Crime Victim Services Coordinator?
 Extremely Adequately Somewhat Not at all
12. What did you find most helpful about the services you received? _____

13. What could be done to improve the victim services program? _____

Type of crime: _____

Victim's Age: _____ Victim's Gender: _____

Victim's Race: _____

Please return this form in person, by e-mail, fax, or mail to:

Redwood County Attorney's Office

Crime Victim Services Program

250 S. Jefferson St.

P.O. Box 130

Redwood Falls, MN 56283

Fax: 507-637-4012

Denise_k@co.redwood.mn.us