

Crime Victim Survey

Dear

We need your help in evaluating our services to the citizens of Canyon County. Please take a few moments to answer the following questions about your contact with our office. Please return the completed form to pamail@canyonco.org, by using the Submit by Email button above, or by printing and delivering to our office. Thank you for your help as we try to improve the quality of our services to the citizens of our community.

Bryan F. Taylor
Canyon County Prosecuting Attorney

Your Name
Address
Phone Number Name of Defendant on Your Case

1. Please mark all boxes that apply to you

I am a:

- | | | |
|--|--|--|
| <input type="checkbox"/> Burglary victim | <input type="checkbox"/> Theft victim | |
| <input type="checkbox"/> Relative of a homicide victim | <input type="checkbox"/> Battery/assault victim | <input type="checkbox"/> Domestic battery/assault victim |
| <input type="checkbox"/> Relative/guardian of a child victim | <input type="checkbox"/> Sexual assault victim | |
| <input type="checkbox"/> Malicious injury to property victim | <input type="checkbox"/> Victim of a motor vehicle crime such as DUI or reckless driving | |
| <input type="checkbox"/> Robbery victim | <input type="checkbox"/> Other <input type="text"/> | |

2. I am: Male Female

3. My age is: 13-17 18-29 30-44 45-64 65+

VICTIM WITNESS COORDINATOR ASSISTANCE

4. Did a Victim Witness Coordinator work with you on your case? Yes No

Name of coordinator:

5. If you worked with a coordinator, please rate the following based upon your contact with them:

	Excellent	Good	Fair	Poor
Helpfulness in dealing with your requests or concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of the court system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putting you at ease about what to expect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answered questions and addressed concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. My coordinator informed me about:

- The charges filed on my case
- The plea offer to resolve my case
- The plea and sentencing hearings

My coordinator provided me with sufficient information about my case Yes No

I felt that I could contact my coordinator if needed anything or had questions Yes No

Overall, I was satisfied with the services I received from my coordinator Yes No

PROSECUTOR ASSISTANCE

7. Based on your contact with the Deputy Prosecuting Attorney assigned to your case, rate the following:

	Excellent	Good	Fair	Poor
Prosecutor's knowledge of your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility of the prosecutor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of the court system and what may happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information provided about your case by the prosecutor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutor's case preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Overall, I was satisfied with the services I received from my prosecutor Yes No

Name of Deputy Prosecutor:

OFFICE STAFF ASSISTANCE

9. When contacting our office by telephone or visiting in person, rate the following with regard to your contact with our secretarial and reception staff:

	Excellent	Good	Fair	Poor
Helpfulness in dealing with your request or concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Politeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness in assisting you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of staff member(s), if known:

10. Please comment on ways our office can improve services to crime victims