

**Page County Victim/Witness Program  
Victim/Witness Satisfaction Survey**

Date: \_\_\_\_\_

\_\_\_\_ I choose not to participate in this survey.

**Please rate on a scale of 1 to 5, with 1 being poor, 3 being average and 5 being the best.  
Please circle your answer.**

1. Did you find the Victim/Witness Program Director to be helpful?

**1      2      3      4      5**

2. Was the Victim/Witness Director available when you needed assistance?

**1      2      3      4      5**

3. Did all staff members treat you with courtesy and respect?

**1      2      3      4      5**

4. How helpful was the victim/witness program and the services to you?

**1      2      3      4      5**

5. Did the victim/witness director satisfactorily answer your questions?

**1      2      3      4      5**

**Please provide your comments on the following:**

How do you think this program could be improved?

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Was there anything about the services that was helpful to you?

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Do you feel this is an important program for victims of crime? **YES** or **NO**

Additional Comments:

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**Please mail form to:**

Page County Victim/Witness Program  
116 S. Court St. Suite-D  
Luray, VA 22835

**Thank you very much for your input!**