**COLORADO STATE PATROL**

**VICTIM ASSISTANCE QUESTIONNAIRE**

**Victim Advocate Name:**

**Date Incident Occurred:**

**Location of Incident:**

1. Please rate the Advocate who assisted you in regard to:

 Courtesy and Professionalism [ ]  [ ]  [ ]  [ ]

 *1 Poor 2 Fair 3Good 4 Excellent*

Knowledge and Helpfulness

[ ]  [ ]  [ ]  [ ]

 *1 Poor 2 Fair 3Good 4 Excellent*

2. To what degree were your questions answered in an accurate and timely way by the Advocate?

[ ]  [ ]  [ ]  [ ]

 *1 Poor 2 Fair 3Good 4 Excellent*

3. What services did the Advocate provide which were particularly helpful?

4. What additional services would have been helpful?

5. What did you find most beneficial with regard to the Colorado State Patrol’s Victim Assistance Program?

6. What could have been done differently?

7. Please give an overall rating of the assistance you received from the Colorado State Patrol Victim Advocate? [ ]  [ ]  [ ]  [ ]

 *1 Poor 2 Fair 3Good 4 Excellent*

*Please feel free to provide additional comments here:*

Please Return This Questionnaire to:

Dolores Poeppel, Director

15055 South Golden Road

Golden, CO 80401

(303) 273-1618

FAX (303) 273-1741

dolores.poeppel@state.co.us