# **VICTIM SATISFACTION SURVEY**

This survey is intended to learn if Franklin Grand Isle Restorative Justice Program (FGIRJC) is responding to and meeting the needs of crime victims. Please answer the following questions as honestly as possible. Thank you for participating.

On a scale of 1 to 7, please answer the following questions by circling the number that corresponds with your response as they relate to your experience with the Diversion / Reparative Probation program.

**1. I was adequately informed about the FGIRJC process of the program**.

1 2 3 4 5 6 7

*do not agree agree agree*

*at all somewhat completely*

1. **FGIRJC program was helpful in meeting my needs as a victim**.

1 2 3 4 5 6 7

*do not agree agree agree*

*at all somewhat completely*

1. **FGIRJC program is helpful in meeting the needs of victims in general.**

1 2 3 4 5 6 7

*do not agree agree agree*

*at all somewhat completely*

1. **My needs were met through the FGIRJC program.**

1 2 3 4 5 6 7

*do not agree agree agree*

*at all somewhat completely*

1. **I felt like I had a voice in the FGIRJC process.**

1 2 3 4 5 6 7

*do not agree agree agree*

*at all somewhat completely*

1. **I felt restored as a result of the FGIRJC program.**

1 2 3 4 5 6 7

*do not agree agree agree*

*at all somewhat completely*

1. **FGIRJC is a beneficial program for the community.**

1 2 3 4 5 6 7

*do not agree agree agree*

*at all somewhat completely*

1. **I feel the offender was held accountable for their crime.**

1 2 3 4 5 6 7

*do not agree agree agree*

*at all somewhat completely*

1. **Please describe how the FGIRJC program was beneficial to you, specifically as a victim.**

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1. **Please describe how the FGIRJC program was not beneficial to you, specifically, as a victim.**

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1. **Please describe or list the positive aspects of the FGIRJC program as a whole.**

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|  |

1. **Please describe or list the negative aspects of the FGIRJC program as a whole.**

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|  |

1. **Please describe how the FGIRJC program can more successfully meet the needs of victims.**

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1. Please check the box next to the types of restitution you received.

Letter of apology

Reimbursement for:

Property or vehicle damage

Property loss

Counseling

Medical expenses

Other crime-related expenses  (Please describe):

|  |
| --- |
|  |

Name (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If you would like a follow-up call concerning your input on this form, please provide a phone number where we can reach you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_