**VICTIM SATISFACTION SURVEY**

We ask that you take the time to fill out this brief survey about your experience at Franklin Grand Isle Restorative Justice Center. We will use your answers to gage our ability to respond to and meet the needs of affected parties. We appreciate all feedback and thank you for your participation.

For the following questions, please circle the appropriate answer that corresponds with your experience working with the Reparative Program.

1. I was adequately informed and kept up to date during the Restorative Process
	1. Do Not Agree At All
	2. Agree A Small Amount
	3. Moderately Agree
	4. Agree Completely
	5. Unsure
2. My needs were met through the Restorative Justice Center
	1. Do Not Agree At All
	2. Somewhat Agree
	3. Agree Complete
	4. Unsure
3. I felt like I had a voice in the process
	1. Do Not Agree At All
	2. Somewhat Agree
	3. Completely Agree
	4. Unsure
4. I felt restored as a result of the Restorative Justice process
	1. Do Not Agree At All
	2. Somewhat Agree
	3. Completely Agree
	4. Unsure
5. I felt the offender was held accountable for their crime
	1. Do Not Agree At All
	2. Somewhat Agree
	3. Completely Agree
	4. Unsure
6. I felt the restorative process was helpful and is beneficial to the community
	1. Do Not Agree At All
	2. Somewhat Agree
	3. Completely Agree
	4. Unsure

**Please briefly respond how the Franklin Grand Isle Restorative Justice program was beneficial to you, specifically as a victim, and describe any positive impact.**

**Please describe how the Franklin Grand Isle Restorative Justice program was NOT beneficial to you, specifically as a victim.**

**Please describe how the Franklin Grand Isle Restorative Justice center could be more successful in meeting the needs of victims.**

**Any additional comments that you think could be helpful to the success of future cases**