

TEMPE CITY PROSECUTOR OFFICE
VICTIM SERVICES SURVEY

PLEASE COMPLETE AND RETURN

STATE v. _____ CASE NO. _____

VICTIM NAME: _____ DATE: _____

Optional: I wish to be contacted regarding my feedback by: _____ Phone: _____

_____ E-mail: _____

PLEASE REVIEW THE VICTIM SERVICES PROVIDED BY TEMPE PROSECUTOR OFFICE:

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Timely notification	_____	_____	_____	_____	_____
Sufficient information	_____	_____	_____	_____	_____
Responded to concerns	_____	_____	_____	_____	_____
Availability of staff	_____	_____	_____	_____	_____
Professionalism/courtesy	_____	_____	_____	_____	_____
Resolution of the case was explained	_____	_____	_____	_____	_____

Suggestions and/or comments to improve service:

Please return to:

**Mail: Victim Services Legal Assistant
Tempe City Prosecutor Office
140 E 5th St, Suite 303
Tempe AZ 85281
or Fax: (480) 350-8987
or Email: victimservices@tempe.gov**