



Questionnaire

We appreciate your honesty in what is helpful as well as not helpful about the contact you experienced with law enforcement during the reporting of a domestic violence incident. We take your comments seriously and are always trying to improve our services.

1. How were you treated by the officer?

- very good
- good
- somewhat negative
- negative

Please explain your response:

2. How helpful was the officer in answering your questions?

- very helpful
- somewhat helpful
- not helpful at all

Please explain your response:

3. Which Police/Sheriff's Department assisted you?

Department Name: _____

Officer Name: _____

Report Number: _____

4. Did the officer provide you with a brochure regarding services available in the community.
- a. How to get counseling?
 Yes
 No
 - b. The legal process?
 Yes
 No
 - c. Restraining order information?
 Yes
 No
 - d. Shelter information?
 Yes
 No
5. Did the officer refer you to the Monterey County District Attorney's Victim/Witness program?
 Yes
 No
6. Do you have any suggestions to improve the services provided to you by the officer?
7. Would you like your concerns to be addressed by a Domestic Violence Coordinating Council representative?

Please provide us with your name and phone number (This information will be kept confidential) and only used to address your concerns.

Name:

Phone Number:

Please return this form to Pam Patterson at the following address:

Domestic Violence Coordinating Council
Att: Pam Patterson
P.O. Box 2851, Salinas, CA 93902

Or pattersonp@co.monterey.ca.us

Thank you for your time in completing this questionnaire.