|  |  |
| --- | --- |
|  | Support Systems Survey |

**This survey is anonymous. All answers will be kept confidential.**

*Giving a Voice to Victims of Sexual Assault*

Lyon County SMART values your input on the services you received after your assault. Your feedback is important to us. We want to know how the service departments you interacted with responded to your needs and wishes. We appreciate you taking the time to give us this valuable information so we may better serve those who need our services.

*Email Online Survey to: SMART@iw.net*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 0-6 Months | 6 Months- 1 Year | 1 Year- 5 Years | 5 Years or More |  | |
| How long after the assault did you seek help? |  |  |  |  |  | |
| How did you hear about the support services that are available? Click here to enter text. | | | | | |  |

## Medical Services:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| N/A | | | Poor | Fair | | Satisfactory | | Good | Excellent | |
| Overall Satisfaction | | |  |  | |  | |  |  | |
| *Please complete the following if you had contact with a medical provider:* | | | | |  | | | | |
| **What did you find most helpful?** | | Click here to enter text. | | | | | | | | |
| **What did you find least helpful?** | | Click here to enter text. | | | | | | | | |
| **What would you change about your interaction or experience with the Medical Services provided?** | | | | | | | Click here to enter text. | | | |
|  | Click here to enter text. | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | |

## Law Enforcement:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| N/A | | | Poor | Fair | | | Satisfactory | | Good | Excellent |
| Overall Satisfaction | | |  |  | | |  | |  |  |
| *Please complete the following if you had contact with Law Enforcement:* | | | | |  |
| **What did you find most helpful?** | | Click here to enter text. | | | | | | | | |
| **What did you find least helpful?** | | Click here to enter text. | | | | | | | | |
| **What would you change about your interaction or experience with Law Enforcement?** | | | | | | | | Click here to enter text. | | |
|  | Click here to enter text. | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | |

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## County Attorney’s Office:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| N/A | | | Poor | Fair | | Satisfactory | | | Good | Excellent |
| Overall Satisfaction | | |  |  | |  | | |  |  |
| *Please complete the following if you had contact with the County Attorney’s office:* | | | | |  | |
| **What did you find most helpful?** | | Click here to enter text. | | | | | | | | |
| **What did you find least helpful?** | | Click here to enter text. | | | | | | | | |
| **What would you change about your interaction or experience with the County Attorney’s office?** | | | | | | | | Click here to enter text. | | |
|  | Click here to enter text. | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | |

## Advocacy Services:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| N/A | | | Poor | Fair | | Satisfactory | | | Good | | Excellent |
| Overall Satisfaction | | |  |  | |  | | |  | |  |
| *Please complete the following if you had contact with Advocacy/Victim Services:* | | | | |  | | |
| **What did you find most helpful?** | | Click here to enter text. | | | | | | | | | |
| **What did you find least helpful?** | | Click here to enter text. | | | | | | | | | |
| **What would you change about your interaction or experience with the Advocacy/Victim Services provided?** | | | | | | | | | | Click here to enter text. | |
|  | Click here to enter text. | | | | | | | | | | |
|  | Click here to enter text. | | | | | |
|  | Click here to enter text. | | | | | | | | | | |
|  |

## Demographics: (optional)

**What gender do you identify with?**

Male

Female

Transgender

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your age?**

17 or younger

18-20

21-29

30-39

40-49

50-59

60 or older

**What race do you identify with?**

American Indian or Alaskan Native

Asian

Black or African American

Hispanic / Latino

Native Hawaiian or other Pacific Islander

White/Caucasian

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Comments:

|  |  |
| --- | --- |
| Do you have anything else you would like us to know? Click here to enter text. |  |
| ***Thank you. Your feedback will be combined with others to help us understand how we can better serve sexual assault victims/survivors.***If you would like speak with a victim advocate please contact us at: Phone: (507) 532-5764 Email: smart@iw.net  *109 South 5th Street, Suite 40 Marshall, MN 56258* |  |

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