

**WASHOE COUNTY SHERIFF'S OFFICE**  
**CONFIDENTIAL VICTIM SERVICES QUESTIONNAIRE**

*Please rate each statement as follows:*

Strongly Disagree  
1

2

Neutral

3

Strongly Agree  
4

LAW ENFORCEMENT Agency: WCSO

		1	2	3	4	N/A
1.	The Deputy offered me resources or options to help me with my situation? (Yellow VINE sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The transition from working with the Deputy/Detective, to the advocate was smooth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Comments and/or concerns about law enforcement:*

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VICTIM ADVOCATE

Advocate Name: \_\_\_\_\_ (Optional)

		1	2	3	4	N/A
1.	The Advocate was compassionate and available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The Advocate had adequate information to answer my questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The Advocate encouraged me to express my feelings and listened to my concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The Advocate was emotionally supportive of me and my priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	The Advocate interacted well with other people involved in my case.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	The Advocate provided me with information and referrals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	The Advocate called me within a few days following the incident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	The Advocate encouraged me to call her/him if I had questions or needed anything.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	The Advocate provided me with resource referrals that were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	My overall experience with the Advocate was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Comments and/or concerns about the Advocate:*

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Once you have completed the survey there are several ways in which it can be returned, please choose the option that best suits you. Place it in the provided envelope and place it in lock box in the family waiting room at the WCSO, download the attachment at [www.washoesherriff.com](http://www.washoesherriff.com) and email the responses to: [hdreiling@washoecounty.us](mailto:hdreiling@washoecounty.us), fax the responses to 775-328-3056, and/or mail the survey to: WCSO, 911 Parr Blvd. Reno, NV 89512 Attn: Victim Advocate.

*Additional Comments and/or concerns about your interactions with the Washoe County Sheriff's Office:*

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**Thank you for taking the time to complete this survey as we continue to improve our services. All responses to this questionnaire will be kept confidential. Please use the back of this page if you need additional room to respond.**