

Army Victim/Witness Liaison Program Evaluation

For use of this form, see AR 27-10; the proponent agency is TJAG.

Victim/witness assistance is extremely important to the Army. Military installations around the world have established comprehensive programs to enhance and protect the rights of victims throughout the military criminal justice system. To assist victims/witnesses of crimes investigated or prosecuted by the U.S. Department of the Army, *Army Victim/Witness Liaisons* are appointed by Army Staff Judge Advocates at the various posts in the United States and overseas.

The Army Victim/Witness Liaison Program Office requests your input to evaluate the current services provided by Army Victim Witness Liaisons. Your responses and comments will provide valuable information that will be used to improve current victim/witness support.

1. I was a victim/witness in a crime that was investigated or prosecuted by the U.S. Department of the Army:

- Yes, I was a victim.
 Yes, I was a witness.

2. I was provided with contact-person information for a Victim/Witness Liaison:

- Within the first 24 hours of my involvement in the investigation.
 Within one week (but longer than 24 hours).
 Longer than one week (number of days _____).
 I was not provided with Victim/Witness Liaison contact information.

3. I was informed of my victim/witness rights:

- Within the first 24 hours of my involvement in the investigation.
 Within one week (but longer than 24 hours).
 Longer than one week (number of days _____).
 I was not informed about my victim/witness rights.

4. I was informed of my victim/witness rights by: (*MARK ALL THAT APPLY*)

- The Victim/Witness Liaison.
 Law enforcement (MPs, CID, FBI, etc.).
 Trial counsel (prosecutor).
 Other Government representative (_____).
 I was not informed about my victim/witness rights.

5. I was provided with information on victim/witness services available to me (i.e., Victim/Witness Information Packet, verbal discussion, reading materials, etc.):

- Within the first 24 hours of my involvement in the investigation.
 Within one week (but longer than 24 hours).
 Longer than one week (number of days _____).
 I was not informed of victim/witness services that were available to me.

6. I was provided with information on victim/witness services available to me (i.e., Victim/Witness Information Packet, verbal discussion, reading materials, etc.) by: (*MARK ALL THAT APPLY*)

- The Victim/Witness Liaison.
 Law enforcement (MPs, CID, FBI, etc.).
 Trial counsel (prosecutor).
 Other Government representative (_____).
 I was not informed of victim/witness services that were available to me.

Army Victim/Witness Liaison Program Evaluation

Please rate each of the following statements as they apply to your **interactions with the Victim/Witness Liaison (VWL)**. If a question does not apply to your interactions, select "Does not apply."

Overall, please rate your satisfaction with your interactions with the Victim/Witness Liaison on the following:

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Does not apply
7. Accessibility of the Victim/Witness Liaison.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Precautions taken to ensure my privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Precautions taken to ensure my physical safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Precautions taken to ensure my emotional well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The amount of information I received on victim/witness services available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The amount of information I received on the legal process I was involved in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Overall support provided to me by the Victim/Witness Liaison.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. What did the Victim/Witness Liaison do best in meeting your support needs?

15. What could the Victim/Witness Liaison have done better to meet your support needs?

Thank you for your cooperation!