**ABSENTEE SHAWNEE TRIBE DOMESTIC VIOLENCE DEPARTMENT**

**SERVICE EVALUATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
|  | Strongly  Agree | Agree | Neutral | Disagree | Strongly  Disagree |
| After meeting with an advocate, I received services in a respectful and timely manner. |  |  |  |  |  |
| The services I received helped to ensure I did not return to my abusive situation. |  |  |  |  |  |
| I would recommend this program to a friend or family member should they experience domestic violence, sexual assault, dating violence, or stalking. |  |  |  |  |  |

How could services be improved? Click here to enter text.

Please identify the services you received through the program: Click here to enter text.

Because of the services I received I feel I know more about community resources Yes or No:

Because of the services I received I feel I know more ways to plan for my safety Yes or No: