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Victim Assistance Program
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SURRY COUNTY VICTIM/WITNESS ASSISTANCE PROGRAM CLIENT SURVEY

The Surry County Victim/Witness Assistance Program requests your feedback with the completion of this client survey. The survey serves to bring attention to any needed changes or deficiencies in provided services.

I was informed of my Victim's Bill of Rights	Yes	No	N/A
I was treated fairly and professionally at all times	Yes	No	N/A
The Victim Witness Program provided the assistance that I requested	Yes	No	N/A
I found the services provided to me adequate and helpful	Yes	No	N/A
I was informed of my rights and limits to confidentiality	Yes	No	N/A
The information provided to me by the Director was adequate	Yes	No	N/A
The Victim Witness Program referred me to other community resources	Yes	No	N/A
I would recommend this program to others:	Yes	No	N/A

Comments/Program Improvements: (Use back of page if you need more space.)

Thank you for taking the time to complete this survey. Your honest answers are greatly appreciated and will be reviewed to ensure services are being provided with care, compassion, and competence.

*This survey only pertains to the services you received through the Surry County Victim Witness Program and NOT from the Commonwealth's Attorney.