**ABSENTEE SHAWNEE TRIBE DOMESTIC VIOLENCE DEPARTMENT**

**SERVICE EVALUATION**

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| --- |
| **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | StronglyAgree | Agree | Neutral | Disagree | StronglyDisagree |
| 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 about community resources Yes or No

I know more ways to plan for my safety: