



**Office for Victims of Crime Training and Technical Assistance Center**  
**WEB SITE FEEDBACK FORM**

Thank you for visiting the Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC) Web site. To better serve you, we would like to know how satisfied you are with the quality of our Web site. Your feedback is indispensable in our ongoing efforts to improve the support that OVC TTAC provides to the victim service field.

Paperwork Reduction Act Notice

Your participation is completely voluntary. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete this form is 0.08 hours (approximately 5 minutes). If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Office for Victims of Crime Training and Technical Assistance Center, Assessment and Evaluation Division, 10530 Rosehaven Street, Fairfax, VA 22030.

**Part I. OVC TTAC Web Site**

*Please click on the box that corresponds with your answer.*

- 1. How did you find out about the OVC TTAC Web site?
  - Via an OVC TTAC exhibit or presentation at a conference
  - Via a link from another Web site/searching the internet
  - Via a colleague who is familiar with OVC TTAC resources
  - Via my OVC program monitor or other OVC staff person
  - Other (please specify): \_\_\_\_\_
  
- 2. Approximately how many times have you used/visited this site?
  - This is my first time
  - Daily
  - Weekly
  - Monthly

*Please click on the number that best represents the extent to which you agree or disagree with the following statements about the Web site.*

- 1 – I Strongly Disagree with this statement (SD).**
- 2 – I Disagree with this statement (D).**
- 3 – I Neither agree nor disagree with this statement (N).**

- 4 – I Agree with this statement (A).**
- 5 – I Strongly Agree with this statement (SA).**

	<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>SA</b>
3. I am able to find the information I need on this site easily.	1	2	3	4	5
4. It was easy to move around this site.	1	2	3	4	5
5. The information on this site fulfilled my needs.	1	2	3	4	5
6. I will be able to use this information in my work.	1	2	3	4	5
7. I will return to this site for my training and technical assistance needs.	1	2	3	4	5

- 8. What challenges, if any, have you encountered in using this Web site?  
\_\_\_\_\_  
\_\_\_\_\_



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9. On a scale of 1 to 5, with 5 being the highest ratings, how satisfied are you with this Web site?

- 1                      2                      3                      4                      5  
*Very Dissatisfied    Dissatisfied    No Opinion    Satisfied    Very Satisfied*

Please explain your rating in the space provided below, and be as specific as possible.

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10. What types of information would you like to see on this site that would make OVC TTAC more helpful to you?

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11. What other Web sites and/or sources do you visit to find news and information similar to ours?

- |          |    |
|----------|----|
| a. _____ | d. |
| _____    |    |
| b. _____ | e. |
| _____    |    |
| c. _____ | f. |
| _____    |    |

12. Additional Comments:

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**Part II. Respondent Information**

*Please tell us a little bit about yourself.*

13. Which of the following best describes the field in which you work? (Click on the boxes for all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Law enforcement  | <input type="checkbox"/> Education               |
| <input type="checkbox"/> Victim services  | <input type="checkbox"/> Vocational services     |
| <input type="checkbox"/> Law/justice (prosecution, courts, etc.)                      | <input type="checkbox"/> Faith community         |
| <input type="checkbox"/> Corrections  | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Probation and parole   | _____  |
| <input type="checkbox"/> Health/human services (mental health, substance abuse, etc.) |  |



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14. How many years of experience do you have in your field of work?

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> 0 to 2 years | <input type="checkbox"/> 9 to 11 years    |
| <input type="checkbox"/> 3 to 5 years | <input type="checkbox"/> 12 or more years |
| <input type="checkbox"/> 6 to 8 years |   |

15. Which of the following best describes your agency or affiliation?

- |   |   |
|---|---|
| <input type="checkbox"/> Federal  | <input type="checkbox"/> Tribal                           |
| <input type="checkbox"/> State  | <input type="checkbox"/> Local indigenous organization    |
| <input type="checkbox"/> Local  | <input type="checkbox"/> Other (please specify):<br>_____ |
| <input type="checkbox"/> Private, for profit  | _____   |
| <input type="checkbox"/> Private, non-profit  |   |
| <input type="checkbox"/> Public   |   |
| <input type="checkbox"/> U.S. Attorney's Office   |   |
| <input type="checkbox"/> OVC  |   |
| <input type="checkbox"/> Victim service agency serving non-English speaking<br>victim populations |   |

**Thank you for completing our Web Site Feedback Form. We value your input!**

**Review  
Responses**

**Submit  
Form**