

"The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 2G09, Alexandria, VA 22350-3100 (0701-XXXX)[Insert OMB Control Number]. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.

Responses should be sent to AETC/A1R 1850 First Street West, Suite 1 JBSA Randolph, TX 78150.

VICTIM and WITNESS COMMENT SHEET

Please take a few minutes of your time and the space below to give us your comments and tell us how you think we can better serve victims and/or witnesses of crime. A self-addressed, stamped envelope is provided for your use. All comments are anonymous unless you request to be contacted.

(Scale: 1 – Very poorly; 2 – Poorly; 3 – Neither poorly nor well; 4 – Well; 5 – Very well)

CIRCLE THE NUMBER THAT BEST FITS YOUR SATISFACTION LEVEL

- | | | | | | |
|--|-----------|----------|---|---|---|
| 1. How well were available services, treatment, and support resources communicated to you? | 1 | 2 | 3 | 4 | 5 |
| 2. How well were your questions answered? | 1 | 2 | 3 | 4 | 5 |
| 3. How well were your needs or concerns addressed? | 1 | 2 | 3 | 4 | 5 |
| 4. Were you made aware of your rights as a victim/witness? | Yes _____ | No _____ | | | |

5. From your perspective, was there anything we could have done that might have prevented what happened to you from happening to someone else? Please tell us what that is. _____

6. If at any time during this process, you felt as though the Air Force failed you, when was that and how did the Air Force fail? _____

7. From your perspective, was there anything we could have done or provided that we did not, to help you during this process? Please tell us what that is. _____

8. What additional information do you believe should be provided to victims/witnesses?

OPTIONAL -- May we contact you to respond to any concerns listed? If so, please provide the following:
Would you prefer to be contacted by:

The Commander? Yes ____ no _____,

Another person/agency? Yes ____ No ____ Who is that person/agency? _____

If yes to either of the above, how you would prefer to be contacted:

By phone? yes ____ no ____ . If yes, please provide a number: _____

By email? yes ____ no ____ . If yes, please provide an email address: _____

By letter? yes ____ no ____ . If yes, please provide a mailing address: _____

Name: _____