



# COMMUNITY JUSTICE ADVISORY NETWORK (CJAN) MEETING

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Form: CSOSA-3

## PARTICIPANT FEEDBACK FORM

TODAY'S DATE: \_\_\_\_\_

CSOSA thanks you for your attendance and participation in today's CJAN meeting. In order to help us make needed enhancements in future CJAN meetings, we respectfully request that you complete the following survey. Your completion of this survey is entirely voluntary. Refusing to complete this survey will not result in any penalties. Your responses are important, encouraged and will be treated as confidential. Your responses will only be disclosed as permitted under the Privacy Act (5 U.S.C. 552a).

Once you have completed filling out the survey, please place face down in the designated drop near the exit door. Thank you.

**Please, indicate how much you agree with the following statements. Circle your answer.**

1. The purpose of the CJAN meeting was clearly introduced by facilitators at the start of the meeting.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

2. The information covered in this CJAN meeting will be useful to you.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

3. Please circle the number that best describes the overall quality of the CJAN meeting. Note that (5) indicates the highest quality and (1) indicates the lowest quality.

5                      4                      3                      2                      1

4. What suggestions do you have for improving future CJAN meetings?

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5. What topics would you like added to future CJAN meetings surrounding criminal justice issues?

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