



MIDDLESEX COUNTY PROSECUTOR'S OFFICE

25 Kirkpatrick Street, 3rd Floor, New Brunswick, NJ 08901

Phone: 732-745-3300 / Fax: 732-745-2791

prosecutor@co.middlesex.nj.us

SEXUAL ASSAULT VICTIM FEEDBACK FORM

Please email to SART@co.middlesex.nj.us or return via standard mail using enclosed return envelope

Your opinion is very important to us because it lets us know if your needs were met and how our services might be improved. This information is confidential. Please return this completed survey by using the reply envelope attached. Thank you for sharing your thoughts. It is our goal to provide the best services we can at such a difficult time.

Please select the answer that best describes your experience with the Confidential Sexual Violence Advocate, the Forensic Nurse Examiner, and/or the Law Enforcement Officer of the Sexual Assault Response Team.

1. The options for reporting to Law Enforcement, obtaining the services of the local Sexual Violence program, and receiving a medical forensic examination and treatment were explained to me.

☐ Yes ☐ No

Comments:

2. I was treated with respect and fairness by (check all that apply):

Law Enforcement: ☐ Yes ☐ No ☐ N/A

Forensic Nursing: ☐ Yes ☐ No ☐ N/A

Advocacy: ☐ Yes ☐ No ☐ N/A

Comments:

3. Was the level of privacy provided to you acceptable?

☐ Yes ☐ No

Comments:

4. My options regarding additional follow-up by law enforcement, the local sexual violence program, and medical care/treatment were explained to me.

Law Enforcement: ☐ Yes ☐ No ☐ N/A

Forensic Nursing: ☐ Yes ☐ No ☐ N/A

Advocacy: ☐ Yes ☐ No ☐ N/A

Comments:

ADDITIONAL FEEDBACK

If you have any additional feedback regarding your interaction with the members of the Sexual Assault Response Team (SART), please provide below:

If you would like a member of the Statewide SART Advisory Board or the County SART Advisory Board to follow-up with you via phone or email regarding the above issue, please provide your contact information below.

Name:	
Address:	
Home Phone Number:	
Cell Phone Number:	
Email Address:	
Preferred Method of Contact (check one):	<input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Phone