

# Board of Pardons & Parole Victim/Witness Satisfaction Survey

This survey is voluntary and is intended for informational purposes only to help us evaluate the services available to victims – any information you choose to provide will be kept confidential, will not be placed in the offender's file, and will not be distributed outside of our office.

~ You may include your name and address if you wish but are not required to do so ~

## 1. Victim/Witness Name:

## 2. Date:

## 3. Address: (Street/P.O. Box, City, State, and Zip)

## 4. Offender:

## 5. DOC ID:

You were recently involved in the parole process regarding the above-referenced offender. We are very interested in your opinions about your experience. Please consider both positive and negative aspects of that experience as you answer these questions.

## 6. What option(s) did you use to provide input?

- Written
- Oral In Person
- Oral By Video
- Oral By Telephone

## 7. Was the information you were provided explaining the parole process and information about the hearing understandable and easy to follow?

- Yes
- No

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**8. Understanding that you may or may not agree with the Board's decision in this case, please rate your satisfaction with the following.**

	Not Satisfied			Satisfied
How satisfied you are with your opportunity for input in the process.	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
How satisfied are you with your options for providing input regarding parole consideration for this offender (oral, written, or video/audio)?	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

**9. If you appeared by video or audio did the experience meet your expectations?**

- Yes  
 No

**10. Please prioritize the following factors in the decision making process in order of importance. 1 being most important - 5 being least important. Choose one answer per row**

	1	2	3	4	5
Offender conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment relevant to crime and/or history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nature of the crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim input	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. Other than whether you agree or disagree with the Board's decision, do you have any other comments or suggestions regarding your experience with the parole process?**

Thank you for your time in helping us with this important survey. We really appreciate your assistance in improving the quality of service we provide to victims. If you have any questions or need further information, please feel free to contact Julie Thomas, Victim Services Specialist, at 406-846-1404 or [jpribnow@mt.gov](mailto:jpribnow@mt.gov). You can also access a wide variety of useful information on our website at [www.mt.gov/bopp](http://www.mt.gov/bopp), the Department of Corrections website at [www.cor.mt.gov](http://www.cor.mt.gov), or the Department of Justice website at [www.doj.mt.gov](http://www.doj.mt.gov).