



Family Justice Center Satisfaction Survey

*Please take a moment to
complete this brief survey.
Your answers and comments
will help us improve our
services in the future.*

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| 1. When you came to Family Justice Center today, did you know what services you would receive? | YES | NO |
| 2. Did a Family Justice Center staff member ask you about any other services you might need today? | YES | NO |
| 3. Was the Family Justice Center facility comfortable? | YES | NO |
| 4. Did you receive services and/ or information that is helpful to you and your family? | YES | NO |
| 5. Would you recommend Family Justice Center to a friend, if they needed help keeping themselves and their family safe from domestic violence? If no, why? _____ | YES | NO |
| 6. Will you come back to Family Justice Center if you need assistance in the future? If no, why? _____ | YES | NO |

What did you like best about the Family Justice Center?

What did you like least about the Family Justice Center?

Comments
