



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Executive Office of the Mayor**

Office of Victim Services and Justice Grants

District of Columbia Sexual Assault Response Team

Sexual Assault Response Services Feedback Form

Box 1

Thank you for taking your time to provide us feedback on our work. The Executive Office of the Mayor, the Office of Victim Services and Justice Grants, and the DC Sexual Assault Response Team (DCSART) appreciate your willingness to comment on how we served you. It is our goal and mission to provide victim/survivor-centered services in a timely in a professional, compassionate, and trauma-informed manner. If you feel that we have not provided services in this manner, please complete this form to the best of your ability. Detailed instructions are provided on the reverse of this form.

Box 2

How to file this Feedback Form:

1. In-person. You can drop off this feedback form at the following locations:

- Office of Victim Services and Justice Grants, 441 4th Street, NW, Ste. 727N, Washington, DC
- DC Office of Asian Pacific Islander Affairs, 441 4th Street, NW, Ste. 721N, Washington, DC
- DC Office of Lesbian, Gay, Bisexual, and Transgender Affairs, 2000 14th Street, NW, 2nd Floor, Washington, DC
- DC Office of Latino Affairs, 2000 14th Street, NW, 2nd Floor, Washington, DC
- DC Office of African Affairs, 2000 14th Street, NW, Ste. 401, Washington, DC

Please note that if this Form is filed at an agency other than Office of Victim Services and Justice Grants, there may be a slight delay in responding to the person who has filed the form.

2. Mail. You can mail this form to the Office of Victim Services and Justice Grants at 441 4th Street, NW, Ste. 727N, Washington, DC 20001.

3. Email. You can file this form electronically by sending this form, as an attachment, to

DCSARTComplaint@dc.gov.

4. **Online.** You can file this form online by accessing the DC SART webpage at: www.dcsart.ovs.dc.org.
5. **Via SmartPhone application.** You can file this form by downloading the ASKDC or UASKDC SmartPhone application. Both applications are available at iTunes or Google Marketplace.

Box 3

Your Rights in the DC SART Feedback Process

1. **Completing this form, or providing feedback or comment to any agency involved in the sexual assault process will not impact your ability to receive services from that – or any other – agency or organization.**

2. **You have the right to remain anonymous.** To make this process accessible and transparent, complaints provided through this process are public. However, you have the right to be anonymous. Please note, however, that the DC SART may be limited in its ability to investigate your complaint if you do not provide a name.

[Check here if you wish to remain anonymous](#)

3. **You have the right to request limited disclosure of your identifying and personal information.** If you choose to include detailed information about your experience on this form, you have the right to request redaction of your information before the complaint and response are made public.

[Check here if you want to be contacted by the DC SART before any part of this complaint is made public.](#) If you choose this option, please provide a safe telephone number or email that the DC SART will be able to contact you _____.

4. **You have the right to have this form translated into the language that is most comfortable for you and you have the right to the use of an interpreter in all communications with the DC SART about this process.**

[Check here if you wish to communicate with the DC SART in a language other than English.](#)

[Español] [tiếng Việt] [中文] [한국어] [Français] [አማርኛ]

5. **You have the right to an advocate and/or an attorney in completing this form and in all communications with the DC SART.**

[Check here if you want the DC SART to communicate with an advocate or attorney on your behalf.](#) If you choose this option, please provide the name, organizational or agency affiliation, phone number, and email of your advocate or attorney below.

6. **You have the right to receive timely and thorough responses to this Feedback form from the DC**

SART. The Sexual Assault Response Services Feedback process is governed by strict processes to ensure that we are providing information to you as the process moves forward. At a minimum, you should expect to receive a communication from the DC SART that this Form has been received and that the process of investigating your feedback has begun within three calendar days of the Form being received.

Box 4

Date of Feedback Submission: _____

Date of incident that is the subject of your feedback: _____

Date of crime that happened to you: _____

Box 5

Who or What is the Subject of Your Feedback (check all that are relevant to your experience):

Hotline

DC Rape Crisis Center CityWide Victim Services Hotline

Other: _____

Individual's name (if known): _____

Medical or Forensic

MedStar Washington Hospital Center DC Forensic Nurse Examiners

DC Department of Forensic Sciences (DNA) Office of the Chief Medical Examiner (toxicology)

Other: _____

Individual's name (if known): _____

Case Management and Advocacy

Network for Victim Recovery of DC Metropolitan Police Department Victim Services Branch

United States Attorneys' Office Victim Witness Specialists

Office of the Attorney General Victim Witness Assistance Unit

Other: _____

Individual's name (if known): _____

Law enforcement

Metropolitan Police Department United States Park Police

Other: _____

Individual's name (if known): _____

Prosecution

United States Attorney's Office **DC Office of the Attorney General**

Other: _____

Individual's name (if known): _____

Mental Health

DC Rape Crisis Center **Wendt Center for Loss and Healing** **The Women's Center**

Ayuda **Whitman Walker Health** **Children's National Medical Center**

Other: _____

Individual's name (if known): _____

College or University

American University **Catholic University** **Corcoran College of Art and Design**

Gallaudet University **George Washington University** **Georgetown University**

Howard University **Trinity Washington University** **University of DC**

Other: _____

Individual's name (if known): _____

Language Access Provider (please list name and affiliation of provider, if known):

Other Entity or Individual Not Mentioned (please describe below):

Box 6

Name of person completing the form:

Box 7

Name of victim survivor:

I wish to remain anonymous **Please contact me before any part of this form is made public**

Box 8

Your contact phone number:

Box 9

Your contact email address:

Box 10

During the course of this investigation the members of the DC SART Committee may want to contact you to get additional information about your complaint or comment. Do you want the Committee to contact you? If you choose no, there may be limitations on what the Committee will be able to do with your complaint or comment.

No, please do not contact me.

Yes, please contact me. My preferred method of contact is: _____

No, do not contact me but please contact my advocate or attorney:

Box 11

Summary of complaint or comment:

Box 12

Requested action:

OVS/DC SART USE ONLY:

_____ Date Form Received at OVS _____ Date forwarded to Committee Chair _____ Date victim contacted

Instructions for Completing Sexual Assault Response Services Feedback Form

Thank you for taking the time to provide feedback to us on our work. We make every effort to provide high-quality, victim/survivor center services in every instance and your feedback helps us to ensure that we are meeting that standard.

Our goal is to make the process of providing complaints, comments, and feedback as easy as possible, while maintaining transparency of the process. **Box 2** of the SASR Feedback Form provides you with the various methods of filing this Form. Please feel free to use whatever method feels most comfortable for you.

Box 3 is a short explanation of your rights as a complainant in this process. In short, you have the right:

1. To receive services from any provider during the time that this investigation is ongoing. No agency or organization may terminate services to you because you chose to file a complaint.
2. To remain anonymous. ***Put a check mark in box in Box 3 Number 2 if you do not wish to provide your name.***
3. To request that the information about you and your experience remain as private as possible. Part of the integrity of this process is that the responses will remain available to the public. We do this so that you can be sure that we are taking your complaint or feedback seriously. And we do this so that other residents and visitors to the District of Columbia are able to access information about DC's process. However, we also understand that you, as the victim/survivor may not want your information, or information about your experience, to be public. ***Put a check mark in Box 3 Number 3 if you want the DC SART to contact you before any information is made public about this case. The DC SART will work closely with you to redact information from this Form and from the DC SART's response that make you uncomfortable.***
4. You have the right to have this information translated for you into a language that makes you feel most comfortable. You also have the right to an interpreter in all verbal communications with the DC SART. ***Put a check mark the box in Box 3 Number 4 if you want to communicate with the DC SART in a language other than English. Put a check mark next to the language that is most comfortable for you.***
5. You have the right to have an advocate or an attorney with you in all conversations with the DC SART, and you have the right to have an advocate or an attorney represent you to the DC SART. Our goal is to make this process as comfortable as possible for you. If you feel that having an advocate or attorney with you during any phone calls or meetings makes you comfortable, that is your right. The DC SART is also willing to speak directly to an attorney or advocate that you identify. ***Put a check mark in the Box in Box 5, Number 5 if you want the DC SART to speak directly to an attorney or advocate that you identify. Please put that attorney's or that advocate's contact information in the space provided.***
6. You have the right to receive timely and appropriate information from the DC SART about the progress of this complaint or comment. Your rights are governed by [Insert title/name of legislation or regulation or policy here]. If you think your rights in this process have been violated, please do not hesitate to email ovs@dc.gov. Someone will look into the progress of this investigation.

Box 4 asks you to enter three dates, to the best that you know them. We understand that you may not know the exact date that something happened, and we understand that the issue may have happened over a number of days. We are only asking for information to the best of your knowledge.

1. The first question "**Date of Feedback Submission**" is asking for the date that you are completing this Form.
2. The second question "**Date of incident that is the subject of your feedback**" is asking for the date of the incident that you are complaining about, commenting on or providing feedback about. In this question we are not asking about the date of the crime that occurred against you. This date will help us to narrow

down, if we have to, the details of what happened and the individuals involved so that we can get a good resolution to this case.

3. The third question “**Date of crime that happened to you**” is asking for the date of the crime. Please answer this to the best of your ability, especially if you reported the crime to any social service or criminal justice agency. This date will help us to narrow down, if we have to, whether there is any concern with the work of the systems, agencies, or individuals that interacted with you.

Box 5 asks you to place a check mark next to the parts of the system response and the individual agencies that you are complaining about, commenting on, or providing feedback about. We understand that this process can feel very complicated and very confusing so we are only asking for the best that you can give us. The more information that we have, the better we will be able to investigate what happened to you and appropriately respond to the situation.

We have done our best to include all agencies and organizations who are typically involved in the sexual assault response process on the form. However, we understand that you may have received services from another agency or organization not on the form. The DC SART will do its best to investigate and resolve concerns or complaints about any organization or agency with which you have had a negative experience. Please know that the resolution options may be limited if the organization or agency with which you had a negative experience is not included on this form.

Stages of the response process are listed first. A stage is one function of the sexual assault response process. Many stages make up a complete process. The stages that are included on this form are hotline, case management or advocacy, medical or forensic, law enforcement, prosecution, mental health care, campus response, or language access provider. ***Please place a check mark*** next to each stage of the process for which you have a complaint, comment, concern, or feedback. If the stage of the process that applies to your experience is not listed, there is a space to provide information about another entity not mentioned.

Individual providers are listed in the stage where they perform that function. Again, we have included all agencies and organizations that are typically involved in the sexual assault response. ***Please place a check mark*** next to each individual provider for which you have a complaint, comment, concern, or feedback. If the individual provider is not listed, please state the name of the provider. If you have the name of the individual for whom you have a complaint, comment, concern, or feedback, please include that underneath the name of the provider agency.

Box 6 asks for “**Name of person completing the form**”. The answer to this question may be the victim/survivor, but the answer may also be a person who is completing the form for the victim/survivor. There are many situations in which the victim/survivor may ask another person to complete this form, and there are many circumstances in which the victim/survivor cannot complete this form. Some of those circumstances may include if the victim/survivor is a minor, if the victim/survivor is injured due to the crime and cannot complete the form, or if the victim/survivor requests that an attorney or advocate complete the form on their behalf. The name of the person completing the form will be the person with whom the DC SART will communicate during the investigative process.

Box 7 asks for “**Name of victim survivor**”. The answer to this question should be the name of the victim/survivor who had the experience with the sexual assault response system that is the subject of this Form. This name may be the same as the name that was provided in Box 6.

If the victim/survivor does not feel comfortable providing a name, the person completing the form should place a check mark next to the box that says “**I wish to remain anonymous**”. Please note that the DC SART will make every effort to investigate these concerns and to communicate the resolution of the investigation but the resolution may be limited if we are not able to ask follow-up questions and/or we are not able to know the identity of the victim/survivor.

If the victim/survivor wishes to receive communication from the DC SART before this form or the resolution of this investigation becomes public, the victim/survivor may place a check mark next to the box that says “**Please contact me before any part of this form is made public**”. The DC SART will make every reasonable effort to contact the victim/survivor or the representative of the victim survivor before the form or any information related to the form becomes public. Please note that the DC SART will make use of the contact information provided in Box 8 and Box 9 and will make no less than three attempts to contact the victim/survivor or the victim/survivor’s representative before making this Form and the response to the investigation public.

Box 8 asks for “**Your contact phone number**”. This question is asking for the phone number of the person completing the form and/or the phone number for the person with whom the victim/survivor wants the DC SART to communicate.

Box 9 asks for “**Your contact email address**”. This question is asking for the email address of the person completing the form and/or the email address for the person with whom the victim/survivor wants the DC SART to communicate.

Box 10 asks for the person preparing the Form whether they want the DC SART to communicate with them about this Form. The person preparing the Form has the right to submit a Form for investigation and request that they not receive any more contact with the DC SART. However, the person preparing the Form may request that the DC SART contact them at the contact information provided or the person preparing the Form may request that the DC SART communicate directly with an attorney or advocate on their behalf. Please place a check mark next to the statement that best represents your choice.

Box 11 asks for a “**Summary of Complaint**”. This is your opportunity to tell the DC SART as much or as little as you would like about your experience with the sexual assault response system. More information provides more of an opportunity for the DC SART to investigate the concerns that you have.

Box 12 asks for a “**Requested Action**”. This is your opportunity to tell the DC SART about the resolution that you would like to see happen. The DC SART cannot promise or guarantee that the resolution that you’d like to see will be the resolution of the investigation, but we will make every effort to ensure that your desired actions or suggestions are incorporated into the resolution.