



Courage



Strength

Resilience



As a victim of crime you have rights as well as standards of service that you can expect to receive. These standards of service help to ensure that you are provided with information, practical and emotional support and are able to participate fully in the criminal justice system. They were created to make sure that you are treated with dignity and respect at all times, regardless of your gender, age, marital status, race, ethnic origin, sexual orientation, disability or religion.

Your rights should be provided to you by several different agencies, which included a state or local law enforcement agency, the prosecutor's office, local correctional facility, Department of Corrections, Board of Probation of Parole, the juvenile probation office, Victim Service agencies and/or the Department of Public Welfare.

If, at any time, you believe your rights were not provided according to the previously noted standards, you may file a complaint by completing this form and emailing/ mailing it to the Office of Victim Advocate. The Office of the Victim Advocate (OVA) will review your complaint and a staff member will contact you.

Currently in the Commonwealth of Pennsylvania there are no legal remedies to address the denial of your rights or standards of service, however all complaints will be taken seriously and thoroughly reviewed. It is the goal of this office to use the information you provide to seek correction of the harm you suffered **where possible**, to educate Victim Service providers as well as to ensure victims in the Commonwealth of Pennsylvania are being afforded all of the rights available to them under Pennsylvania law.

~~ The primary purpose of this process is to provide education to service providers regarding victims' rights. These complaints will not guarantee that a resolution will occur in your specific case; it is our goal to review your concerns internally, address them to the best of our ability, and utilize the information as learning tools to help improve the already existing services throughout the Commonwealth. ~~

Definition of a Victim

As defined by the PA Crime Victims Act, a person against whom a crime has been perpetrated which may include, but is not limited to:

- A parent or legal guardian of a minor victim except when the parent or legal guardian of the child is the alleged offender.
- A parent or legal guardian of an incapacitated adult victim.
- A family member of a homicide victim.

In addition to immediate family, this includes but is not limited to, stepparents, stepbrothers, stepsisters, stepchildren, fiancés or paramours.

Victims' Rights Complaint Form

Name: _____

Address: _____

Email Address: _____

Do you want to be contacted by a member of the OVA staff? Yes No

If yes, please provide your telephone number: _____

May we leave a message? Yes No

Did the crime occur in Pennsylvania? Yes No

County where crime occurred: _____

Are you the direct victim of the crime? Yes No

Type of Crime

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Arson | <input type="checkbox"/> Burglary/Robbery | <input type="checkbox"/> Homicide | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Driving Under the Influence | <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Other Vehicle Crime |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Harassment | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Property Crime |
| <input type="checkbox"/> Child Sexual Assault | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Human Trafficking | |
| <input type="checkbox"/> Other (Please identify) | | | |

Date of crime: _____

Please check the right which you feel has been violated (You may check more than one box):

- Receiving basic information regarding services
 - Notification of criminal and juvenile proceedings relating to your case
 - Accompaniment to all court proceedings
 - Opportunity to provide comments prior to the resolution of your case
 - Opportunity to provide written or oral impact statements before the sentencing Judge
 - Opportunity to provide comments post sentencing regarding work release, parole, boot camp, state intermediate punishment if applicable
 - Provided information regarding the location of the inmate and or notice of escape
 - Assistance in preparation, submission, or follow up on financial assistance
 - Other (Please identify)
-

Please check the service provider that you believe has violated your rights:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> District Attorney's Office | <input type="checkbox"/> Victim Service Provider | <input type="checkbox"/> Courts |
| <input type="checkbox"/> Probation/Parole | <input type="checkbox"/> Corrections | <input type="checkbox"/> Domestic Violence Shelter/Rape Crisis Center | <input type="checkbox"/> Other (Please identify) |

Please provide the name of each person or agency that you believe did not provide you with one or more of your rights or did not treat you with respect and dignity:

The Office of the Victim Advocate provides confidential services to victims in the Commonwealth of Pennsylvania. Do you authorize us to contact the service providers that you identified above as violating your rights as a victim of crime? Yes No

Please initial that you are in agreement with the above statement: _____

Date _____

Please give us a brief summary (**500 words or less**) explaining how your rights were violated. **Please note that a representative from the Office of the Victim Advocate will contact you to gather more information on the crime.*

Please electronically sign and initial below to indicate that all information provided in this form is accurate. Please note again that the primary purpose of this process is to provide education to service providers regarding victims' rights. These complaints will not guarantee that a resolution will occur in your specific case however it is our goal to review your concerns internally, address them to the best of our ability, and utilize the information as learning tools to help improve the already existing services throughout the Commonwealth.

Signature: _____

Date: _____

Initial: _____

Please send this completed form via e-mail to ra-ovainfo@pa.gov

If you prefer to mail the form or other documents to us, please use the following address:

Pennsylvania Office of Victim Advocate | 1101 South Front Street, Suite 5200 | Harrisburg, PA 17104