

Sexual Assault Response Team Evaluation Form Template

Just Detention International

[AGENCY NAME] Sexual Assault Response Team Evaluation Form

The Sexual Assault Response Team, or SART, is a group of people who work together to make sure survivors of sexual abuse get the help they need. SART members include jail deputies, investigators, medical providers, rape crisis advocates, and the jail administrator.

We want to know about your experience with the jail's Sexual Assault Response Team (SART).

You do not need to write your name on this form. You can ask for someone to help you fill out this form. Your answers will only be shared with members of the Pitkin County Jail SART. You do not have to fill out this form. Deciding not to answer the questions will not affect your time in the jail, your criminal case, or the medical and mental health care you can get.

Your answers will help [AGENCY] SART do a better job of helping people who have been abused. If you have any questions about this form, you can contact [RAPE CRISIS CENTER] at the address below, ask [DESIGNATED JAIL STAFF] or the Jail Administrator, NAME. Once you complete the form, please mail it to the address below. Thank you for your help.

[INSERT RAPE CRISIS CENTER ADDRESS AND CONTACT INFORMATION]

Basic Information

Date sexual assault was reported: _____

I was taken to the hospital for a sexual assault exam: Yes No I don't know

Sex: Male Female Transgender _____

Age: Under 18 18-25 26-35 36-55 56-65 66 or older

Race (check all that apply): Black White Hispanic/Latino/a American Indian or Alaska Native
 Asian American Biracial or mixed race (more than one race) _____

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Below, please tell us about what happened after you reported sexual abuse in this jail.

1. I was treated with respect and concern by:
 (Check the box that best describes your experience)

	Jail staff	Jail medical provider	Jail mental health provider	Hospital staff	Law enforcement/ Investigators	Rape crisis advocate
Yes						
Somewhat						
No						
Not Applicable						

2. My needs were met by:

	Jail staff	Jail medical provider	Jail mental health provider	Hospital staff	Law enforcement/ Investigators	Rape crisis advocate
Yes						
Somewhat						
No						
Not Applicable						

The overall quality of the sexual assault response was:
 (Circle the best answer)

1 2 3 4
 Excellent Good Satisfactory Poor

Please tell us anything else you would like us to know about how you were treated:

THIS IS NOT A COMPLAINT FORM. The purpose of the SART Evaluation Form is for inmates to offer anonymous feedback on the jail’s response to sexual assault. If you have any issues that need to be addressed, please report them directly to jail staff or complete a grievance so that your concerns can be dealt with immediately. Thank you.