You have rights as a victim of crime. In addition, there are standards of service that you can expect to receive as a victim of crime. The standards help ensure that you receive information, practical and emotional support and are able to participate fully in the criminal justice system. These standards 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 will be provided to you by several different agencies, which include a state or local law enforcement agency, the prosecutor’s office, local correctional facility, Department of Corrections, Board of Probation and Parole, the juvenile probation office 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. Your complaint will be reviewed by the Office of Victim Advocate (OVA) and you will be contacted by staff within 1 week of receipt of the complaint. Complaints may be handled directly by this office or, depending upon the complaint, it may be reviewed by a panel of advocates from a number of statewide victim service and advocacy agencies.

**Victims’ Rights Complaint Form**

Name: Click here to enter name.

Address: Click here to enter address.

Click here to enter City, State and Zip Code.

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

If yes, please provide your telephone number: Click here to enter phone.

County where crime occurred: Click here to enter county name.

Type of crime:

|  |  |  |  |
| --- | --- | --- | --- |
| ☐Arson | ☐Child Abuse | ☐Homicide | ☐Stalking |
| ☐Assault | ☐DWI/DUI | ☐Kidnapping | ☐Other Vehicle Crime |
| ☐Burglary/Robbery | ☐Harassment | ☐Sexual Assault | ☐Other:  Click here to enter text. |

Date of crime: Click here to enter a date.

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:

Click here to enter text.

Please tell us what happened:

Click here to enter text.

May we share the information you provided with the person or agency against which you are filing this complaint as appropriate?

Click here to enter text.

Please send this completed form via e-mail to [ra-ovainfo@pa.gov](mailto: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**

July 2012