

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

Crime victims rights are provided by several different entities, which may include a state or local law enforcement agency, the prosecutor's office, local correctional facility, PA Department of Corrections, PA Parole Board, a juvenile probation office, victim service agencies, and/or the PA Department of Public Welfare.

If you believe your rights were not provided according to the previously noted standards, you may file a complaint by completing the enclosed form and returning it to the PA Office of Victim Advocate. OVA will review your complaint and a staff member may contact you.

Currently in PA, there are no legal remedies to address the denial of your rights or standards of service. However, all complaints are taken seriously and are thoroughly reviewed. It is the goal of OVA to use information provided to seek correction of the hardship you suffered, when possible. Examples of rights violations will also be used to educate victim service providers, helping to to ensure that crime victims are afforded all rights available to them under the law.

Please note that the primary purpose of this process is to educate service providers on upholding crime victims' rights. Filing a complaint cannot guarantee that a resolution will occur in your case. OVA will review your concerns internally, address them to the best of our ability, and utilize information gathered to improve existing serves 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 minor is the alleged offender
- a parent or legal quardian 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, stepsiblings, stepchildren, fiancés or paramours.



RIGHTS VIOLATION

 $\underset{\text{www.ova.pa.gov}}{\text{800.563.6399}} \; FORM$

Return forms to: 1101 S. Front Street, Suite 5200 | Harrisburg, PA 17104 or RA-OVAinfo@pa.gov

What to Expect Next

Your filing does not guarantee that a resolution will occur in your specific case. OVA will review your concerns internally, address them to the best of our ability, and utilize the information as learning tools to help improve the existing services throughout Pennsylvania.

Basic Information				
Name:		Email Address:		
Mailing Address:				
Contact Information				
Would you like an OVA staff member to call you to discuss your experience? Yes No If you answered Yes, please provide telephone information below.				
Phone:	Ok to leave message?	i	Special Instructions:	
()	Yes No			
Crime Information				
Did the crime occur in Pennsylvania?	Yes No	Are you the direct	victim of the crime?	Yes No
In what county did the crime occur?		Date of the crime:		
Defendant's Name:		Case #:	Inmate #:	
Type of crime: arsonassaultburglary/robberychild abusechild sexual assaultdriving under the influenceharassmentdomestic violence	hur kid pro sex stal othe	nicide man trafficking napping perty crime ual assault king er vehicle crime er:		
Provider Information				
Throughout the criminal justice procedure law enforcement victim service provider probation/parole corrections	dist cou dor	rict attorney's office	r/rape crisis center	on next page.

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Provider Information continued
Please provide the name of each individual or agency that you believe did not provide you with your rights or did not treat you with dignity and respect.
Do you authorize OVA to contact the service providers listed above as violating your rights as a victim of crime? You may file the complaint without authorizing this. Yes No
Please initial and date that you agree that OVA may contact service providers and release your name and case information to best address issues that have occurred. Initial Date
Rights Information
Please check the right(s) you feel have been violated. receiving basic information regarding servicesnotification of criminal and juvenile proceedings related to your caseaccompaniment to all court proceedingsopportunity to provide comments prior to the resolution of your caseopportunity to provide written or verbal impact statements before the sentencing judgeopportunity to provide comments post sentencing regarding work release, parole, boot camp, state intermediate punishment, if applicablereceiving information regarding the location of the inmate and/or notice of escapeassistance in preparation, submission, or follow up on financial assistance Please provide a brief summary explaining how your rights were violated.
If you checked Yes to be contacted on page 1, OVA will reach out to gather additional information.
Affidavit
By signing this form you are confirming that all statements are true and accurate to the best of your knowledge.
☐ I understand that filing a complaint does not guarantee a resolution in my case.
I understand that, if I did not authorize OVA to contact service providers above, confidentiality will be honored.
I understand that the information provided will be used to improve victim services across Pennsylvania.
Signature Date

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Further information on victims' rights, understanding trauma, and self-care can be found at www.ova.pa.gov.