



pennsylvania

OFFICE OF VICTIM ADVOCATE

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 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 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 minor 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, stepsiblings, stepchildren, fiancés or paramours.

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 services
- notification of criminal and juvenile proceedings related to your case
- accompaniment to all court proceedings
- opportunity to provide comments prior to the resolution of your case
- opportunity to provide written or verbal impact statements before the sentencing judge
- opportunity to provide comments post sentencing regarding work release, parole, boot camp, state intermediate punishment, if applicable
- receiving information regarding the location of the inmate and/or notice of escape
- assistance 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 _____