In recent years the Utah Legislature has passed a number of provisions in a continuing attempt to afford victims the rights they deserve. In 1994, numerous groups and citizens rallied together to support and pass a Victims’ Rights Amendment to the state constitution. These efforts have contributed to the end result we are all striving to reach, “balancing the scales of justice.”

The following are included among those rights:

Victims have the right “to be treated with fairness, respect, and dignity, and to be free from harassment and abuse throughout the criminal justice process.”

Victims have the right, upon request, to be informed of, be present at, and to be heard at important criminal justice hearings related to the victim, either in person or through a designated representative.

Victims have a right of privacy and should not be forced to disclose their address, telephone number, place of employment, or other locating information, without compelling reason.

Victims have the right to reparations and restitution when appropriate.

Victims have the right to reasonable employer intercession services to minimize loss of pay and benefits.

Victims have the right to be informed as to the level of protection available to protect them from intimidation and harm.

In compliance with the Americans With Disabilities Act, anyone needing special assistance with the complaint process or the completion of this complaint form, including auxiliary or communicative aids and services, should contact Christine Watters at the Office of Crime Victim Reparations for assistance. In order to facilitate the request for assistance, a notice of three working days is required.
If you are the victim of a crime and have a complaint about the Criminal Justice System (i.e. law enforcement, prosecution, courts, Corrections, Board of Pardons), please complete the following information and send to the Office of Crime Victim Reparations.

Type or print legibly. Use additional sheets if necessary. Answer as many questions as you are able.

**VICTIM/WITNESS INFORMATION**

<table>
<thead>
<tr>
<th>Victim/Witness Name</th>
<th>Birth Date</th>
<th>Sex (M/F)</th>
<th>E-mail Address</th>
</tr>
</thead>
</table>

Complete Address (No., Street, City, County, State, Zip Code)

Telephone  (home)  (work)  May we leave a message?  

If under 18 years of age, indicate the name of your parent or guardian:

**CRIME INFORMATION (IF AVAILABLE)**

Date Crime or Incident Occurred:  
Type of Crime:  
Location of Crime:  City:  County:  
Did you report the crime to law enforcement?  
Law Enforcement Agency:  
Name of assailant or perpetrator and accomplices (if known):  
Has an arrest been made?  
Police Report/Case # (If available):  
List all agencies with which you have interacted:  
Has the offender been charged in court?  
Name of Judge:  Name of Court:  
Sentencing Date:  Sentence:  
Prosecuting Agency:  

Victim/Witness Right Violated:  

Please list all agencies and/or individuals who are a subject of this complaint:  

What outcome is desired as a result of this complaint?  

**STATEMENT OF COMPLAINT** (Please include names of professional contacts made in relationship to the incident)

Complainant Signature:  
Date:  
E-mail Address  Please indicate preferred form of contact:  

May we leave a message?  

[Signature]

Date: