

# Domestic Violence Shelter Exit Survey

## General Information

Date of Exit

Your Initials

Length of Stay (in days)

## Services Used

- ☐ Counseling
- ☐ Legal Help
- ☐ Advocacy
- ☐ Housing Assistance
- ☐ Childcare
- ☐ Other

## Experience at the Shelter

Did you feel safe during your stay?

- ☐ Yes
- ☐ No

Were your needs met during your stay?

- ☐ All
- ☐ Most
- ☐ Some
- ☐ None

## Recommendations

What could we do to improve our services?

Any additional feedback or suggestions?

## Aftercare Information

Would you like information about aftercare services?

☐ Yes

☐ No

Preferred Contact Method

Contact Details