

Franklin County Adult Probation Department

Customer Satisfaction Form

It is the goal of the Probation Department to provide courteous, professional supervision to all offenders placed in our custody by the Franklin County Court of Common Pleas. Occasionally, we may fall short of that goal. In an effort to continually improve the services we provide to the community, we ask that you place your concerns in writing so we may thoroughly investigate any possible shortcomings, and take appropriate corrective action.

Please provide the following information. Incomplete information may delay investigation of your concerns. Submissions without name, address, and signature will not be investigated.
Please print legibly.

Your full name: _____

Your mailing address: _____

City	State	Zip
------	-------	-----

Telephone number where you may be reached weekdays between
8:30am - 4:30pm: _____

Your relation to an offender on supervision (parent, spouse, etc.): _____

IMPORTANT NOTICE

Any false statements made using this form may be prosecuted under penalty of 18 Pa.C.S. §4904 relating to Unsworn Falsification to Authorities.

✘

Your Signature

Date

Please write below the full nature of your concern(s) to include names, dates, and times of any occurrence. The more detail you provide, the better we can investigate your concerns, and effect positive change for the future.
