



FINAL SAFETY SURVEY - CLIENT

Please think about your entire experience while you were at Oregon Youth Authority (OYA) and choose the best answer to indicate your response to each statement. When we talk about staff member in this survey, we are talking about any adult assigned by OYA to work with or help OYA youth. Staff members work or volunteer in facilities, parole and probation offices, residential programs, proctor homes and foster homes and include treatment providers.

While I was at OYA,	YES	NO
I spent time in a youth correctional facility.		
I spent time in a youth residential treatment program or proctor home.		
I spent time in a foster home.		

Youth safety is a priority for the Oregon Youth Authority (OYA).

If you answer yes to any of the questions; please include names, dates, witnesses, location and any other information you can remember. This will assist us in investigating your concerns.

While I was with OYA,	YES	NO
1. Did a staff member EVER deny you contact with your family? If yes, did you receive an explanation why you were denied contact?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any specific concerns about the way any staff person treated you while you were at OYA? If yes, who was it and what was the concern?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were you EVER fearful for your safety? If yes, what was the reason?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you EVER receive any physical contact from a staff person that made you feel uncomfortable? If yes, who was it and what was the issue?	<input type="checkbox"/>	<input type="checkbox"/>

While I was with OYA,		YES	NO
5.	Did a staff member EVER offer you a loan, gift, special favors, special attention, or special consideration of any kind that seemed out of the ordinary, made you uncomfortable, and that was not part of an official or posted incentive/treatment plan? If yes, who was it and what was the issue?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Did you EVER feel uncomfortable with something that a staff member said to you? If yes, who was it, what was said and why did it make you uncomfortable.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Did a staff member EVER ask you not to tell about something they were doing? If yes, who was it and what was the issue?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Did a staff member EVER ask you to do something you knew was against the rules? If yes, who was it and what was the issue?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Did a staff member EVER offer or provide you with tobacco, alcohol, illegal drugs, non-prescribed prescription medication, weapons or any pornographic material? If yes, who was it, what did they provide, when and where?	<input type="checkbox"/>	<input type="checkbox"/>

While I was with OYA,		YES	NO
10.	Did a staff member EVER disclose private or personal information to you such as personal phone numbers, home address information, personal pictures, or information about other staff members or other offenders? If yes, who was it, what was disclosed, when and where?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Did a staff member EVER discipline you by restricting any of the following: regular meals, sufficient sleep/bedding, sufficient exercise, medical care, mail privileges, religious services, or legal services? If yes, who was it, what was restricted, when and where?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Since leaving OYA, have you EVER had contact with any staff member (either in person, by mail, phone, email or internet) that did not appear to be professional in nature? If yes, who was it, how did they contact you and what was the issue?	<input type="checkbox"/>	<input type="checkbox"/>
13.	During your stay with OYA did you know who to talk to or how to file a complaint if you were concerned about your safety or the behavior of a particular staff member?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Did you EVER experience any form of retaliation or “payback” from a staff member for reporting a concern? If yes, who was it, when, where, what was the retaliation?	<input type="checkbox"/>	<input type="checkbox"/>

While I was with OYA,		YES	NO
15.	Is there anything else you would like to report regarding your answers in this survey or about youth safety and your treatment while in OYA custody? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information:

The OYA Professional Standards Office investigates safety concerns and complaints.
Would you like to be contacted by the Professional Standards Office? **YES** **NO**

IF YES, PLEASE FILL OUT THE INFORMATION BELOW. IF NO, PLEASE LEAVE BLANK.

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Best time to reach you? _____

You may also call the OYA Hotline and leave your name, phone number and a brief description of your complaint/issue. A Professional Standards Office representative will return your call as soon as possible.

OYA Hotline 1-800-315-5440

Statistical Information:

(NOTE: This information is voluntary and you do NOT have to answer these questions.)

- How old are you today? (please write age in years in the box)

- What is your sex/gender? (please circle one): Male Female

- What is your primary race/ethnicity? *(Please check one only.)*
 African American Asian Caucasian Hispanic Native American

Thank you for completing and returning this survey in the envelope provided as soon as possible.