

## Identity Theft Verification *PASSPORT* Program Evaluation

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_



1. How would you describe the time commitment necessary to submit a *PASSPORT* application? Has the time commitment interfered with solving other crimes?

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2. Has the *PASSPORT* Program been helpful to law enforcement? Please explain.

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3. Has the *PASSPORT* Program been helpful to victims? Please explain.

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4. Has the *PASSPORT* Program helped educate or create awareness among law enforcement and the general public on how to respond to identity theft crimes? Please explain.

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5. Approximately, how many cases of identity theft do you process a month? Out of these cases, how many *PASSPORT* applications are submitted?

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6. How has the *PASSPORT* Program affected the amount of time you spend with an identity theft victim throughout the course of an investigation?

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7. Would your agency like to receive more training on the *PASSPORT* Program? Please explain.

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8. Have you contacted the Identity Theft Verification *PASSPORT* Unit for any reason? If so, how would you describe the service provided?

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9. What would be the most effective way to notify your agency of updates related to the *PASSPORT* Program?

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10. Would you recommend that other Ohio law enforcement agencies participate in the *PASSPORT* Program? Please explain.

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11. Do you have any proposed enhancements to program? Please explain.

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**Additional Comments:**

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