

Kawartha/Haliburton Victim Services Client Contact Report Form

<p style="text-align: center;"><u>Referral Source</u></p> <p>Police: Haliburton OPP <input type="checkbox"/> CKL OPP <input type="checkbox"/> LPS <input type="checkbox"/></p> <p>EMS <input type="checkbox"/> Health Organization <input type="checkbox"/></p> <p>VWAP <input type="checkbox"/> Other VCARS <input type="checkbox"/></p> <p>Other <input type="checkbox"/> specify: _____</p>	<p>Today's Date _____</p> <p>Time Received _____ am/pm</p> <p>Time of Arrival _____ am/pm</p> <p>Time call ended _____ am/pm</p>
<p>Occurrence # _____</p> <p>Officer/contact Name: _____</p> <p>Officer/contact number: _____</p> <p>Additional Contact Instructions: _____</p>	
<p>Clients Name: _____ M <input type="checkbox"/> F <input type="checkbox"/> Age _____</p> <p>Address: _____ City: _____ P.C. ____ - ____</p> <p>Home Phone: _____ Alternate Phone # _____</p> <p>Safe to call? Y <input type="checkbox"/> N <input type="checkbox"/> Time to call _____ am / pm Safe to leave a message Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Indicate sex and ages of all assisted (approx)</p> <p>M _____ F _____ Total under 18 yrs old _____</p>	
<p>Victims relationship with offender: Well known <input type="checkbox"/> Acquaintance <input type="checkbox"/> Not known <input type="checkbox"/></p>	
<p>Type of occurrence (please check one): <input type="checkbox"/> Abduction <input type="checkbox"/> Abuse of the Elderly <input type="checkbox"/> Assault (domestic)</p> <p><input type="checkbox"/> Sexual Assault <input type="checkbox"/> Assault (all other) <input type="checkbox"/> Break & Enter <input type="checkbox"/> Criminal Harassment</p> <p><input type="checkbox"/> Homicide <input type="checkbox"/> Motor Vehicle accident <input type="checkbox"/> Theft/Fraud <input type="checkbox"/> Robbery</p> <p><input type="checkbox"/> Vandalism <input type="checkbox"/> Other (Crime Related Occurrence) <input type="checkbox"/> Tragic Circumstance</p>	
<p>Referrals provided (check all that apply): <input type="checkbox"/> Sexual Assault Center <input type="checkbox"/> VWAP <input type="checkbox"/> Shelters</p> <p><input type="checkbox"/> Bereavement <input type="checkbox"/> Health care/counseling <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	

Description: _____

Follow up required? Y N

Did client/s seem satisfied? Y N

Safety planning discussed/given; Y N Why not? _____

Volunteer #1 _____

Volunteer #2 _____

Team Leader _____

