

## **Brief Contact Sheet**

**Person Making Contact:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Check one of the following:**

- ☐ Incoming Call  
☐ Outgoing Call  
☐ Email  
☐ Web Inquiry (email from Center website)  
☐ In Person

**Type of Contact (check all applicable):**

- ☐ Primary Victim  
☐ Secondary Victim  
☐ Allied Professional

**VAdat Form (check one):**

- ☐ Hotline  
☐ Advocacy  
☐ Community Engagement

**Time Spent (in minutes):** \_\_\_\_\_

**Contact/Client Name:** \_\_\_\_\_

**Parent/Guardian (If under 18):** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**May we leave a message?** ☐ Yes ☐ No

**Email Address:** \_\_\_\_\_

**May we send an email?** ☐ Yes ☐ No

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Has caller contacted The Center before?** ☐ Yes ☐ No

**Current Client?** ☐ Yes ☐ No

**How did they learn about The Center?** \_\_\_\_\_

**Race (if known):**

- ☐ American Indian/Native American  
☐ Caucasian  
☐ Asian/Pacific Islander  
☐ African American  
☐ Hispanic  
☐ Multi-Racial  
☐ Other  
☐ Unknown

**Gender (circle one):** M F Other \_\_\_\_\_

**Approximate Age:** \_\_\_\_\_

**Approximate Age of the Victim at Earliest Victimization:** \_\_\_\_\_

**City/County Calling From:** \_\_\_\_\_

**Client Military Status (if yes, which branch?)** \_\_\_\_\_

**SANE Nurse Name:** \_\_\_\_\_

**Law Enforcement/Office Name:** \_\_\_\_\_

**Type of Incident/Victimization** (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Child/Youth Sexual Violence          | <input type="checkbox"/> Vandalism                  |
| <input type="checkbox"/> Adult Sexual Violence                | <input type="checkbox"/> Kidnapping/Abduction       |
| <input type="checkbox"/> Victim of Sexual Violence as a Child | <input type="checkbox"/> Stalking                   |
| <input type="checkbox"/> Dating Violence                      | <input type="checkbox"/> Threats                    |
| <input type="checkbox"/> Adult Victim of Domestic Violence    | <input type="checkbox"/> Violating Protection Order |
| <input type="checkbox"/> Child/Youth Exposed to DV            | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Elder Abuse                          |   |

**Referrals Provided** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Mental Health Services                | <input type="checkbox"/> Shelter         |
| <input type="checkbox"/> Other SA/DV Agency                    | <input type="checkbox"/> VINE            |
| <input type="checkbox"/> Title IX Services                     | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Transportation                        | <input type="checkbox"/> PREA Assistance |
| <input type="checkbox"/> Legal Services                        |  |
| <input type="checkbox"/> Medical Advocacy/Support              |  |
| <input type="checkbox"/> General Criminal Justice Info/Support |  |
| <input type="checkbox"/> General Civil Justice Info/Support    |  |
| <input type="checkbox"/> Other _____                           |  |

**Perpetrator Information:**

**Gender (circle one):** M F Other \_\_\_\_\_

**Approximate Age:** \_\_\_\_\_

**Relationship to Victim:** \_\_\_\_\_

**Location of the Sexual Violence Experience:** \_\_\_\_\_

**Race (if known):**

- ☐ American Indian/Native American  
☐ Caucasian  
☐ Asian/Pacific Islander  
☐ African American  
☐ Hispanic  
☐ Multi-Racial  
☐ Unknown  
☐ Other

**Additional Notes** (additional info such as perpetrator information, community outreach/training info w/ number of participants and demographics)