



SAPR Program Services Provided Log

Victim's Name: _____

Contact Information: _____

Victim Advocate's Name: _____

Date of Initial Contact: ____/____/____

Discussed with Victim/Provided to Victim	Date	Date	Date	Date
<input type="checkbox"/> Reporting Options	_____	N/A	N/A	N/A
<input type="checkbox"/> Victim Reporting Preference Statement	_____	N/A	N/A	N/A
<input type="checkbox"/> Medical Processes	_____	_____	_____	_____
<input type="checkbox"/> Investigatory Processes	_____	_____	_____	_____
<input type="checkbox"/> Legal Processes	_____	_____	_____	_____
<input type="checkbox"/> Protective Options (MPO/CPO)	_____	_____	_____	_____
<input type="checkbox"/> Ongoing Advocacy	_____	_____	_____	_____
<input type="checkbox"/> Counseling Resources	_____	_____	_____	_____
<input type="checkbox"/> Collateral Misconduct	_____	_____	_____	_____
<input type="checkbox"/> Victim Rights	_____	_____	_____	_____
<input type="checkbox"/> Civilian Victim Compensation	_____	_____	_____	_____
<input type="checkbox"/> Trauma Response	_____	_____	_____	_____
<input type="checkbox"/> Civilian SA Resources	_____	_____	_____	_____
<input type="checkbox"/> Monthly Case Update	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____

Services Requested by Victim/ Services Victim Referred To

	Date	Date	Date	Date
<input type="checkbox"/> FAP	_____	_____	_____	_____
<input type="checkbox"/> Chaplain	_____	_____	_____	_____
<input type="checkbox"/> Medical (Military)	_____	_____	_____	_____
<input type="checkbox"/> Medical (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Medical Follow-Up Care (Military)	_____	_____	_____	_____
<input type="checkbox"/> Medical Follow-Up Care (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Medical Forensic Exam (Military)	_____	_____	_____	_____
<input type="checkbox"/> Medical Forensic Exam (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Counseling (Military)	_____	_____	_____	_____
<input type="checkbox"/> Counseling (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Law Enforcement (Military)	_____	_____	_____	_____
<input type="checkbox"/> Law Enforcement (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Legal (Military)	_____	_____	_____	_____
<input type="checkbox"/> Legal (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____

RRCN (Restricted only) _____

CID/Law Enforcement Incident Number (Unrestricted only) _____

Accompany victim

Date	Date	Date	Date
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- ☐ Medical (Military)
☐ Medical (Civilian)
☐ Counseling (Military)
☐ Counseling (Civilian)
☐ Investigations (Military)
☐ Investigations (Civilian)
☐ Legal (Military)
☐ Legal (Civilian)
☐ Court (Military)
☐ Court (Civilian)
☐ Other Appointments _____
☐ Other Appointments _____
☐ Other Appointments _____

_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

Actions taken

Date	Date	Date	Date
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- ☐ Safety Assessment
☐ Safety Planning
☐ Referral for Imminent Danger Assessment
☐ Contact Law Enforcement
☐ Civilian Protective Order (CPO) Assistance
☐ CDR met with Victim w/in 24 hours of SA?
☐ CDR Military Protective Order (MPO)
☐ CDR Relocation
☐ CDR Reassignment
☐ CDR Transportation
☐ CDR Unit Response
☐ Other _____
☐ Other _____
☐ Other _____

_____	_____	_____	_____
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_____	_____	_____	_____

Services Provided to the Victim

Date	Date	Date	Date
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- ☐ Face to Face Contact
☐ Telephone Contact
☐ Collateral Contact
☐ After hours crisis intervention
☐ Quarterly follow up
☐ Transporting Victim (Emergency Only)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RRCN (Restricted only) _____
CID/Law Enforcement Incident Number (Unrestricted only) _____