

**PREPLAN FOR CRISIS RESPONSE  
Victim Information Form**

Date of Contact \_\_\_\_\_

VA Name/Agency/Phone \_\_\_\_\_

Victim Name \_\_\_\_\_

Contact Info. \_\_\_\_\_  
\_\_\_\_\_

**Referral to Law Enforcement**

Circle One:    Yes/No

Name and Agency of Law Enforcement Referral:

**Services Provided**

Crisis Counseling	
Follow-up	
Info/Referral in Person	
Criminal Justice Support/Advocacy	
Emergency Financial Assistance	
Victim Comp Assistance	
Personal Advocacy	
Telephone Contact	
Shelter/Safehouse	
Group Treatment/support	
Written info on trauma	
Other	

**Follow-up Needed**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_