

D.C. RAPE CRISIS CENTER HOTLINE CONTACT SHEET

COUNSELOR: _____ DATE: _____
 TIME OF CALL: _____ to _____ TOTAL TIME: _____
 SHIFT: 12mid-6am _____ 6-8:30am _____ 8:30-1pm _____ 1-6pm _____ 6pm-12mid _____
 HOW DO YOU FEEL ABOUT THIS CALL? Great _____ Good _____ Bad _____

TYPE OF CALL

Hangup _____ Continuing Call _____ Crank _____
 New Case _____ Silent Call _____ Info. request _____

Survivor's Name _____ Caller's Name _____
 Resides in: DC _____ VA _____ MD _____
 Phone: H) _____ W) _____
 Relat. to Survivor: _____
 Phone: H) _____ W) _____

SURVIVOR DATA

ASSAILANT DATA

<u>Gender</u>	<u>Race</u>	<u>Age</u>	<u>Gender</u>	<u>Race</u>	<u>Age</u>
Female _____	Af Amer/Black _____	0-12 _____	Female _____	Af. Amer/Black _____	0-12 _____
Male _____	Cauc/White _____	13-18 _____	Male _____	Cauc/White _____	13-18 _____
Other _____	Latina/Hispan _____	19-35 _____	Other _____	Latina/Hispan _____	19-35 _____
Unk _____	Asian _____	36-60 _____	Unk _____	Asian _____	36-60 _____
	Multi-racial _____	60+ _____		Multi-racial _____	60+ _____
	Other _____	Unk _____		Other _____	Unk _____
	Unknown _____			Unknown _____	

TYPE OF ASSAULT

PLACE OF ASSAULT

DATE OF ASSAULT

Rape _____	Survivor Home _____	0-1 Day _____
Att. Rape _____	Survivor Work _____	1-6 Days _____
Gang Rape _____	Offender Home _____	1 wk-1 month _____
Sodomy _____	Offender Work _____	2 - 6 months _____
Att. Sodomy _____	Car/Vehicle _____	6 - 11 months _____
Harassment _____	Outdoors _____	1 - 5 years _____
Stalking _____	Other Bldg. _____	5+ years _____
Kidnaping _____	Other _____	Unknown _____
Phys. Assault _____	Multiple Places _____	
Child Sexual _____	Unknown _____	
Mult. Assaults _____		
Other _____		
Unknown _____		

WEAPON USED?

Yes _____
 No _____
 Unknown _____

RELATIONSHIP OF ASSAILANT TO SURVIVOR

LOCATION OF THE ASSAULT

Stranger _____	D.C. _____ (If in D.C.)
Acquaintance _____	MD _____ NW _____
Relative _____	VA _____ NE _____
Partner _____	Other _____ SW _____
Caretaker _____	Unknown _____ SE _____
Multiple Persons _____	Unk. _____
Other _____	
Unknown _____	

POLICE REPORT

MEDICAL TREATMENT

FOLLOW UP NEEDED?

Yes _____	Yes _____	Yes _____
No _____	No _____	No _____
Unknown _____	Unknown _____	

Referrals Given: _____

*Please use pen only when completing this form. Please provide a brief description of the call on the back of this form and restrict your dialogue to only the facts of the case, withholding personal comments, and sign your name at the end. **Please call the VC about your shift (232-0789) then send this form, within two business days, to DCRCC/VC P.O. Box 34125, Washington D.C. 20043-4125.