

# Sexual Assault Response Services of Southern Maine

# Hotline Form

Crisis Management     Support Services    Date Received: \_\_\_\_\_ (office use only)

Advocate: \_\_\_\_\_ Date: \_\_\_\_\_ AS Operator: \_\_\_\_\_

Time: \_\_\_\_\_ a.m. or p.m. Phone: \_\_\_\_\_ City: \_\_\_\_\_

Caller: \_\_\_\_\_ Victim (if not caller): \_\_\_\_\_

Primary Concern of Caller \_\_\_\_\_

## Victim Information

Age Now: \_\_\_\_\_ Unknown:  Child  Adult    Gender:  Female  Male  Unknown  Trans

Age at Assault: \_\_\_\_\_ Unknown:  Child  Adult    Orientation:  G/L  Straight  Unknown

## Assault Information

Acquaintance     Stranger     Marital     Incest     Child  
 Gang Acquaintance     Gang Stranger     Live-in Partner     Ritual/Cult Abuse  
 Harassment     Stalking     Unknown     Other: \_\_\_\_\_

Is this the first report of this assault     Victim of multiple assaults     Victim of ongoing assault  
 Were drugs or alcohol used to incapacitate the victim? Please specify \_\_\_\_\_  
 Was perpetrator using drugs/alcohol/weapons? Please specify \_\_\_\_\_

## Time Lapse Between Assault & Call

Immediate (within 24 hrs)     Within 1 week     Within 1 month     Within 6 months  
 Within 1 year     1-5 years     5-10 years     Over 10 years     Other: \_\_\_\_\_

## Actions by Caller

When was a police report made?     this month     this year     prior to this year     unknown  
When were medical services received?     this month     this year     prior to this year     unknown  
When was a DHS report made?     this month     this year     prior to this year     unknown  
If multiple assaults, when?     this month     this year     prior to this year     unknown

## Time Spent with: (measured in hours)

Caller     .25     .5     .75     1.0     1.25     1.5     1.75     2.0     Other: \_\_\_\_\_

Collateral/Follow-up Contact     .25     .5     .75     1.0    With whom did you speak? \_\_\_\_\_

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**Advocate Interventions (Specify agency/person)**

Medical Services \_\_\_\_\_  Law Enforcement \_\_\_\_\_  
 Legal Services \_\_\_\_\_  DHS Referral \_\_\_\_\_  
 Other \_\_\_\_\_

**Case Results (Does not have to have happened this month)**

Police Report     Indictment     Conviction     Protection Order     Arrest  
 Dismissal     Arraignment     Other: \_\_\_\_\_

**Brief Summary** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Call**

Crisis Call:     First Call     Back-up/Level II     Accompaniment     [SART](#) Advocate  
Information Call:     School     Community Outreach     Administrative     Other \_\_\_\_\_

**Caller Feedback**

How did caller hear about SARSSM? \_\_\_\_\_

Did the caller state that you helped them?     Yes     No     Unknown

If appropriate, did you inform them about how to utilize the SART Advocate?     Yes     No

Is the caller interested in being placed on a list for support groups?     Yes     No

Would the caller like literature sent in a plain brown envelope?     Yes     No

Caller's name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Type of Literature: \_\_\_\_\_

Who did you pass this along to at the office? \_\_\_\_\_     Completed

Would the caller like a follow-up call?     Yes     No

What date/time? \_\_\_\_\_

Who did you pass this along to at the office? \_\_\_\_\_     Completed

**Please return by the 3<sup>rd</sup> of the month to: SARS, P.O. Box 1371, Portland, ME 04104**