

DRAFT

VICTIM CONTACT FORM

Any files or other materials kept by the batterers intervention program that relate to the batterer, but that also relate to, or contain information on, a victim of a batterer shall be kept separate from batterer records, in locked files, in order to ensure the safety and confidentiality of the victim.

Date: _____

Name of Victim: _____

Name of Batterer: _____

STAFF – Please remember to communicate the following information whenever contacting victims and/or current partners.

- † The limitations of batterers intervention program (i.e. possibility of continued danger)
- † Information on domestic violence resources and services
- † Safety Planning

Purpose of Contact (please include more details in notes section)

- † (BIP) contacted Victim to Inform of Imminent Danger
- † Victim/Current Partner contacted (BIP) with questions or concerns

Notes on Consultation:

(BIP) Staff: _____

Signature: _____