

Case #- _____

For office use only

Hotline: 203- 878-1212

Office Number: 203-874-8712

Office Fax: 203-878-6450

Rape Crisis Center of Milford: Hotline Call Sheet

Date: _____ Time: _____

Initial contact came from:

Police Department Hospital Primary Victim Secondary Victim

Other (please explain) _____

Name of Caller: _____ Telephone: _____

<p>Name of Victim: _____ Primary: __ Secondary: __</p> <p>Address/Town of Residence: _____</p> <p>Victim Age: _____ Victim Date of Birth: _____ Race: _____ Primary Language: _____</p> <p>Date of Assault: _____ Type of Assault: _____ Town of Assault: _____</p> <p>Disability: None ___ Undisclosed ___ Mental ___ Hearing ___ Vision ___ Physical ___</p>
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<p>Offender's Name: _____ Age: _____</p> <p>Relationship to Primary: _____</p>
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Reason for Calling/Additional Info: _____

Police: Department/Town: _____ Officer/Detective Name: _____

Child Cases: DCF Hotline Notified (800-842-2288) Y/N _____ Date: _____ Time: _____

Action Taken: _____

Office Notified(203-874-8712 office or 203-878-6450 fax) Date: _____ Time: _____

Reviewed case with a staff member: Y/N ___ Notes: _____

Counselor/Advocate: _____ **Total # of units:** _____ **Date Filed:** _____