SAPR Program
Services Provided Log

Victim's Name: _____
Contact Information: _____
_____
_____

Victim Advocate's Name: _____
Date of Initial Contact: ___/___/___

Discussed with Victim/Provided to Victim	Date	Date	Date	Date
☐ Reporting Options	_____	N/A	N/A	N/A
☐ Victim Reporting Preference Statement	_____	N/A	N/A	N/A
☐ Medical Processes	_____	_____	_____	_____
☐ Investigatory Processes	_____	_____	_____	_____
☐ Legal Processes	_____	_____	_____	_____
☐ Protective Options (MPO/CPO)	_____	_____	_____	_____
☐ Ongoing Advocacy	_____	_____	_____	_____
☐ Counseling Resources	_____	_____	_____	_____
☐ Collateral Misconduct	_____	_____	_____	_____
☐ Victim Rights	_____	_____	_____	_____
☐ Civilian Victim Compensation	_____	_____	_____	_____
☐ Trauma Response	_____	_____	_____	_____
☐ Civilian SA Resources	_____	_____	_____	_____
☐ Monthly Case Update	_____	_____	_____	_____
☐ Other_____	_____	_____	_____	_____
☐ Other_____	_____	_____	_____	_____
☐ Other_____	_____	_____	_____	_____

Services Requested by Victim/ Services Victim Referred To

	Date	Date	Date	Date
☐ FAP	_____	_____	_____	_____
☐ Chaplain	_____	_____	_____	_____
☐ Medical (Military)	_____	_____	_____	_____
☐ Medical (Civilian)	_____	_____	_____	_____
☐ Medical Follow-Up Care (Military)	_____	_____	_____	_____
☐ Medical Follow-Up Care (Civilian)	_____	_____	_____	_____
☐ Medical Forensic Exam (Military)	_____	_____	_____	_____
☐ Medical Forensic Exam (Civilian)	_____	_____	_____	_____
☐ Counseling (Military)	_____	_____	_____	_____
☐ Counseling (Civilian)	_____	_____	_____	_____
☐ Law Enforcement (Military)	_____	_____	_____	_____
☐ Law Enforcement (Civilian)	_____	_____	_____	_____
☐ Legal (Military)	_____	_____	_____	_____
☐ Legal (Civilian)	_____	_____	_____	_____
☐ Other_____	_____	_____	_____	_____
☐ Other_____	_____	_____	_____	_____
☐ Other_____	_____	_____	_____	_____

*RRCN (Restricted only)*_____
*CID/Law Enforcement Incident Number (Unrestricted only)*_____

Accompany victim	**Date**	**Date**	**Date**	**Date**
☐ Medical (Military)	_____	_____	_____	_____
☐ Medical (Civilian)	_____	_____	_____	_____
☐ Counseling (Military)	_____	_____	_____	_____
☐ Counseling (Civilian)	_____	_____	_____	_____
☐ Investigations (Military)	_____	_____	_____	_____
☐ Investigations (Civilian)	_____	_____	_____	_____
☐ Legal (Military)	_____	_____	_____	_____
☐ Legal (Civilian)	_____	_____	_____	_____
☐ Court (Military)	_____	_____	_____	_____
☐ Court (Civilian)	_____	_____	_____	_____
☐ Other Appointments _____	_____	_____	_____	_____
☐ Other Appointments _____	_____	_____	_____	_____
☐ Other Appointments _____	_____	_____	_____	_____

Actions taken	**Date**	**Date**	**Date**	**Date**
☐ Safety Assessment	_____	_____	_____	_____
☐ Safety Planning	_____	_____	_____	_____
☐ Referral for Imminent Danger Assessment	_____	_____	_____	_____
☐ Contact Law Enforcement	_____	_____	_____	_____
☐ Civilian Protective Order (CPO) Assistance	_____	_____	_____	_____
☐ CDR met with Victim w/in 24 hours of SA?	_____	_____	_____	_____
☐ CDR Military Protective Order (MPO)	_____	_____	_____	_____
☐ CDR Relocation	_____	_____	_____	_____
☐ CDR Reassignment	_____	_____	_____	_____
☐ CDR Transportation	_____	_____	_____	_____
☐ CDR Unit Response	_____	_____	_____	_____
☐ Other_____	_____	_____	_____	_____
☐ Other_____	_____	_____	_____	_____
☐ Other_____	_____	_____	_____	_____

Services Provided to the Victim	**Date**	**Date**	**Date**	**Date**
☐ Face to Face Contact	_____	_____	_____	_____
☐ Telephone Contact	_____	_____	_____	_____
☐ Collateral Contact	_____	_____	_____	_____
☐ After hours crisis intervention	_____	_____	_____	_____
☐ Quarterly follow up	_____	_____	_____	_____
☐ Transporting Victim (Emergency Only)	_____	_____	_____	_____

*RRCN (Restricted only)*_____

*CID/Law Enforcement Incident Number (Unrestricted only)*_____