Alaska Council on Domestic Violence and Sexual Assault
Incident Information Form

Program Participant ID: _____

INCIDENT INFORMATION

Program Participant Type

- ☐ Primary Victim
- ☐ Secondary Victim
- ☐ Other Type of Participant

Primary Issue (*select only one*)

- ☐ Domestic Violence
- ☐ Sexual Assault
- ☐ Stalking
- ☐ Other

OTHER ISSUES (*select all that apply*)

- ☐ Domestic Violence
- ☐ Sexual Assault (Adult)
- ☐ Child Sexual Abuse
- ☐ Child Physical Abuse
- ☐ Survivors of Homicide Victims
- ☐ Assault
- ☐ Elder Abuse (age 60+)
- ☐ DWI/DUI Crashes
- ☐ Stalking
- ☐ Adult Survivors of Child Sexual Abuse
- ☐ Robbery
- ☐ Homelessness
- ☐ Vulnerable Adult Abuse (age 18-59)
- ☐ Other _____

Date of Incident: ____/____/____ (MM / DD / YY) **Reported to Law Enforcement:** ☐ Yes ☐ No **Location of Incident:** _____

PERPETRATOR INFORMATION

Name: _____ **Gender:** ☐ Male ☐ Female ☐ Unknown **Approximate Age:** _____

Race/Ethnicity Code(s): _____ **Relationship of Perpetrator to Program Participant Code:** _____

Was the perpetrator under the influence at the time of the incident? ☐ Yes ☐ No ☐ Unknown
If yes, which substances? ☐ Alcohol ☐ Drugs ☐ Both

Name: _____ **Gender:** ☐ Male ☐ Female ☐ Unknown **Approximate Age:** _____

Race/Ethnicity Code(s): _____ **Relationship of Perpetrator to Program Participant Code:** _____

Was the perpetrator under the influence at the time of the incident? ☐ Yes ☐ No ☐ Unknown
If yes, which substances? ☐ Alcohol ☐ Drugs ☐ Both

Race/Ethnicity Code

1 – Asian
2 – American Indian
3 – Black/African American
4 – Native Alaskan
5 – Caucasian
6 – Pacific Islander
7 – Hispanic
8 – Unknown

Relationship Code

1 – Current or Former Spouse or Intimate Partner
2 – Other Family or Household Member (In-law, Sibling, Grandparent, Roommate, etc.)
3 – Dating Relationship
4 – Acquaintance (Friend, Neighbor, Co-worker, Schoolmate, etc.)
5 – Stranger
6 – Relationship Unknown

The information contained on this form is protected by state and federal confidentiality laws and cannot be released from Program records without informed written consent of the program participant or a court order. Contact the Program Executive Director or the ANDVSA Legal Advocacy Project before releasing this information.

Completed By: **on Date:** **Reviewed By:** **on Date:**