



COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT

FY _____ Grant No. _____

Program: _____

COMMUNITY-BASED AND PRISON-BASED BATTERERS INTERVENTION PROGRAMS

QUARTERLY NARRATIVE REPORT

Quarter: _____

Please submit a separate report for a community-based program and a prison-based program. Submit report via email to cdvsa.program.reporting@alaska.gov as an attachment; hard copy reports *will not be accepted*. Information from this report is compiled into a report for the quarterly Council meetings. If a question does not apply or there is no activity to report, please answer "N/A".

1. List staffing changes by position title (not personal name); do not give a numerical count.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	<i>Example Only</i>
Hired					<i>Advocate Admin Assistant</i>
Terminated					<i>Bookkeeper Admin. Assistant</i>

2. List the number of meetings with organizations in these categories.

(This does not include meetings to talk about specific program participants.)

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Law Enforcement					
Prosecutors					
Court System					
Probation/Parole					
Medical					
Office of Children's Services					
DV Task Force					
Violent Crimes Compensation Board					
Behavioral Health					
Other victim services or BIPs					
Other					

3. Please give one example of a success experienced by your program.

4. List the reasons for participants' non-compliance this quarter.

5. Tell us about any systemic problems you are experiencing with community partners.

6. Tell us about areas of success with community partners.

7. Describe any unusual or unexpected changes in the services your agency is providing this quarter.

8. List any formal complaints and/or grievances that you have received this quarter. Who were they against and how were they resolved?

I certify that the information reported on the Quarterly Narrative Report as noted is true and correct.

Signature of Authorizing Official

Date