

Family Violence Treatment Program Safety Check

OFFENDER'S ORCA #: _____

VICTIM/PARTNER NAME: _____ Contact # _____ Voice Message Yes No

PROBATION OFFICER: _____ Email address: _____

NOTE: If any safety concerns are disclosed by the victim/partner, RCMP are to be contacted immediately and then Probation. Any other concerns are to be reported to Probation.

SAFETY CHECK 1

Attempt 1 Date: _____ Outcome: Made Contact Voice Message No Contact Duration: _____

Attempt 2 Date: _____ Outcome: Made Contact Voice Message No Contact Duration: _____

Do you have any concerns? Yes No _____

Do you feel Safe? Yes No _____

Do you need help connecting with resources (ie counselling) Yes No _____

Additional Comments: _____

Outreach Staff- Print Name

Outreach Staff- Signature

Date

SAFETY CHECK 2

Attempt 1 Date: _____ Outcome: Made Contact Voice Message No Contact Duration: _____

Attempt 2 Date: _____ Outcome: Made Contact Voice Message No Contact Duration: _____

Do you have any concerns? Yes No _____

Do you feel Safe? Yes No _____

Do you need help connecting with resources (ie counselling) Yes No _____

Additional Comments: _____

Outreach Staff- Print Name

Outreach Staff- Signature

Date

SAFETY CHECK 3

Attempt 1 Date: _____ Outcome: Made Contact Voice Message No Contact Duration: _____

Attempt 2 Date: _____ Outcome: Made Contact Voice Message No Contact Duration: _____

Do you have any concerns? Yes No _____

Do you feel Safe? Yes No _____

Do you need help connecting with resources (ie counselling) Yes No _____

Additional Comments: _____

Outreach Staff- Print Name

Outreach Staff- Signature

Date