

POLICE INFORMATIONPolice Called: Yes No Report Made: Yes No Precinct: _____ Complaint No: _____Special Victims Detective(s) Responded? Yes No

Name/Badge No. of Patrol Officer(s) and/or Detective(s):

Comments on Police Treatment of Survivor:

COMMENTS

Briefly describe survivor's coping behavior and interaction with you and others at ED:

Briefly describe survivor's living situation (lives alone; with roommate, partner, parents, etc.):

Briefly describe survivor's support system (family, friends, etc.):

Problems/Comments:

Fax Form to: (212) 523-4781
Mail Form to:
Crime Victims Treatment Center
411 W. 114th Street #2C
New York, NY 10025

REMEMBER:
The next working day after being
called to the ED, phone CVTC at:
(212) 523-4728

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