



# SAFER STREETS CAMPAIGN

## INCIDENT REPORT FORM FOR VIOLENCE OR HARRASSMENT OF PERSON EXPERIENCING HOMELESSNESS

The purpose of this incident report form is to assist advocates and people experiencing homelessness in tracking cases of abuse and/or mistreatment. The victim's signature at the end of the form indicates his/her consent to use the information in reports and/or presentations to various groups. The victim should not sign the form if s/he does not consent. (See signature instructions at the end.)

### Contact Information of Victim

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Name:	SSN# (optional):
Shelter/Contact Info:	Gender:
	Age:
Focus Group Participation:	Vendor ID#:

### Victim's identity/characteristics (optional)

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Race:  
 Religion:  
 Disability/Mental Illness:  
 Criminal Record:

### Incident (Be as specific as possible)

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Location :  
 Date:  
 Time of Day:

Description of Incident: (WHO, WHAT, WHY, WHERE, AND WHEN)

\*additional space on back of form

Witnesses: (Names and Contact Information)

Officer(s) Involved:  
 Were you charged?  
 If so, with what were you charged?  
 Did you appear in court?  
 What was the outcome?

### Losses/Grievances

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Personal injury, destruction or confiscation of property, loss of employment, or loss of shelter, etc.

I, hereby, swear that the events described above are true to the best of my knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date