

DOMESTIC VIOLENCE REPORT

Complete each section by following instructions and by circling or ticking the correct box.



OFFENCE or INCIDENT	Offence Code	Day of Week	M	T	W	T	F	S	S
.....		Day	Month	Year	Time				
REPORTED BY :	<input type="checkbox"/> Victim <input type="checkbox"/> Family Member <input type="checkbox"/> Neighbour <input type="checkbox"/> Other	On / From							
		To							
		Reported							
		Police Attended							
		Weapon Used	Specify						

OFFENCE LOCATION :	Address in Full
.....	Scene Type <input type="checkbox"/>

Victim / Complainant	Local Address in Full
DOB [][][][][][][][] SEX <input type="checkbox"/>	Home Island Phone (H) (w)
Occ. Church <input type="checkbox"/>	Behaviour <input type="checkbox"/> Co-operative <input type="checkbox"/> Unco-operative <input type="checkbox"/> Not Present

RELATIONSHIP BETWEEN VICTIM & OFFENDER	<input type="checkbox"/> Married / Partner <input type="checkbox"/> Child / Parent <input type="checkbox"/> Separated / Divorced <input type="checkbox"/> Previous Relationship <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other
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Alleged Offender / Other Party	Local Address in Full
DOB [][][][][][][][] SEX <input type="checkbox"/>	Home Island Phone (H) (w)
Occ. Church <input type="checkbox"/>	Behaviour <input type="checkbox"/> Co-operative <input type="checkbox"/> Unco-operative <input type="checkbox"/> Not Present

Witness / Third Party	Local Address in Full
DOB [][][][][][][][] SEX <input type="checkbox"/>	Home Island Phone (H) (w)
Occ. Church <input type="checkbox"/>	Behaviour <input type="checkbox"/> Co-operative <input type="checkbox"/> Unco-operative <input type="checkbox"/> Not Present

EXISTING COURT ORDERS	<input type="checkbox"/> Yes/No Breached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non - Molestation <input type="checkbox"/> Non - Violence <input type="checkbox"/> Other
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CAUSE OF INCIDENT	AS STATED BY MAIN PARTIES	<input type="checkbox"/> Other
<input type="checkbox"/> Access / Custody Dispute <input type="checkbox"/> Court Order <input type="checkbox"/> Physical Violence <input type="checkbox"/> Threats / Verbal Abuse		

FACTORS PRESENT (Tick at least ONE for EACH section)	NUMBERS OF PERSONS (usually residing with Victim) Total Numbers []												
<table style="width:100%;"> <tr> <td style="width:20%;"></td> <td style="width:20%; text-align: center;">Alcohol</td> <td style="width:20%; text-align: center;">Drugs</td> <td style="width:20%;"></td> </tr> <tr> <td>Victim</td> <td style="text-align: center;"><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td></td> </tr> <tr> <td>Offender</td> <td style="text-align: center;"><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td></td> </tr> </table>		Alcohol	Drugs		Victim	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES		Offender	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES		Age Groups (specify numbers) 0 - 4 5 - 9 10 - 16 17 - 64 65 + <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Alcohol	Drugs											
Victim	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES											
Offender	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES											
Violence to: Person <input type="checkbox"/> NONE <input type="checkbox"/> THREATENED <input type="checkbox"/> USED Property <input type="checkbox"/> NONE <input type="checkbox"/> THREATENED <input type="checkbox"/> USED	FIREARMS PRESENT <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> REMOVED												

INJURY TO VICTIM (Tick ONLY ONE - most serious)	<input type="checkbox"/> N/A <input type="checkbox"/> Minor Bruising <input type="checkbox"/> Cuts <input type="checkbox"/> Hospital <input type="checkbox"/> None <input type="checkbox"/> Serious Bruising <input type="checkbox"/> Medical Assistance <input type="checkbox"/> Death
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INITIAL SUPPORT PROVIDED TO VICTIM	<input type="checkbox"/> Punanga Tauturu <input type="checkbox"/> Church Referral <input type="checkbox"/> Relatives <input type="checkbox"/> Other
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TEXT	Use Job Sheet, if required.....
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To - Det/Sen/Sgt/Const	Signature	Date	ACTION TAKEN
..... (Reporting Member)	
FILE Month [][] File Number [][][][][][][][] Year [][][]	Copy to: Domestic Violence Co-ordinator, File.		
			Arrest <input type="checkbox"/> Reported <input type="checkbox"/> Insufficient Evidence <input type="checkbox"/>