

INTERVIEW FORM

Name: _____ Age: _____

Address: _____

Street

Home Phone

City

State

Zip

Cell Phone

School: _____ Grade: _____

Names of: _____

Parents / Guardians / Caretakers

Address: _____

*(only if
different)*

Street

City

State

Zip

Household Members: _____

Have you ever touched or been touched in a way that you felt uncomfortable as a result, or have you ever seen things that made you feel uncomfortable? Yes No

Can you name the person involved? _____ Age: _____

Your relationship with this person? _____

Can you tell us what happened? _____

Your age(s) when events occurred? _____

Location(s) events occurred? _____

Who else is aware of these events? _____

INTERVIEW FORM — PAGE 2

Name: _____

Who do you feel most safe with when they are caring for you? _____

Have you witnessed any other events you'd like to tell us about? Yes No

Can you tell us what happened? _____

Who is there to support you in your community? _____

Next Steps Resources provided: Yes No Comments: _____

Care Team Member: _____ Phone: _____

Additional information regarding reported abuse: _____

Recommendations: _____

Printed Name: _____ Date: _____

Signature, Credentials: _____