

Office of Victim Services Victim Coordinator Quarterly Report

Quarter:	Date Due:
Institution/APA:	Coordinator(s):

In the following columns, please list the total number of contacts for the Quarter:

Request for Offender Information	
Cease & Desist/ No Contact	
Staff Victimization	
Placement	
Referrals for Services	
Inmate Victimization/ PREA	
Visitation	
Dialogue	
Request for Victim Awareness	
Volunteer Advocate for APA Violation Hearings	
Office of Victim Services Contact	
Criminal Justice Professionals Contact	
In-Service Facilitation	
Other	

Activities Section:

- Presentations/trainings given, not including annual in-service (Please list, include dates)

- Meeting attendance/participation (Please list, include dates)

- ODRC/other agency training participation (Please list, include dates)

- Professional Boards/community organization (Please list, include dates)

Special/Notable Accomplishments:

Additional Comments: