

# Connecticut Sexual Assault Victim Notification Record

## (Bureau of Justice Assistance – Sexual Assault Kit Initiative (SAKI))

Case Number \_\_\_\_\_ Date \_\_\_\_\_

Law Enforcement Officer (Name & Agency) \_\_\_\_\_

Victim Advocate (Name & Program) \_\_\_\_\_

If victim notification will **NOT** be attempted, state reason  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for notification \_\_\_ Lab Results \_\_\_ CODIS Hit \_\_\_ Other (please specify) \_\_\_\_\_

Was contact made with the victim? \_\_\_ Yes \_\_\_ No

Method of contact? \_\_\_ phone \_\_\_ in person \_\_\_ letter \_\_\_ other (please specify)

Would the victim like to be kept informed about the status of the case? \_\_\_ Yes \_\_\_ No

How would the victim like to receive this information? (phone/email/letter/etc.) \_\_\_\_\_

Would the victim like to participate in possible court case? \_\_\_ Yes \_\_\_ No

Was the victim referred for support services? \_\_\_ Yes \_\_\_ No To Whom? \_\_\_\_\_

Is follow-up contact planned? \_\_\_ Yes \_\_\_ No By Whom? \_\_\_\_\_ Date \_\_\_\_\_

If contact was attempted, but no contact was made, please list attempts (*not limited to 3 attempts*)

Attempt	Date	Name (officer)	Method	Detail
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				

Suggestions to improve victim notification (attach additional sheet if necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Return a copy of this record to [dss.saktracking@ct.gov](mailto:dss.saktracking@ct.gov)

Or by mail:

SAKI Program Coordinator, Division of Scientific Services, 278 Colony Street, Meriden, CT 06451