VICTIM SERVICES REFERRAL

Employees/contract staff will submit referrals for an individual under Department jurisdiction per DOC 390.300 Victim Services. **Referrals must include the documentation of the behavior or location (e.g., chronological entry, OnBase) and affected person's name and contact information.**

Name	DOC number	Date of birth
Facility/jail/office	Earned release date	Maximum expiration date

CURRENT OR PENDING SUPERVISION

☐ None ☐ Supervision on current cause ☐ Tolling supervision from prior cause

BEHAVIOR NOTED

Threatening statements or behavior toward another person? ☐ No ☐ Yes, specify: _____

Fixated or obsessive behavior toward another person? ☐ No ☐ Yes, specify: _____

Pursuing unwanted contact with another person? ☐ No ☐ Yes, specify: _____

Pursuing a relationship with a past victim? ☐ No ☐ Yes, specify: _____

Additional comments: _____

Submit referrals as an email attachment to docvictimservices@doc.wa.gov. Questions should be directed to the Victim Services Program at (360) 725-9350 or docvictimservices@doc.wa.gov.

Completed by	Signature	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

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