**Institutional Response Concerns Tracking Form Template**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Incident:** | | | |  | | | |
| **Advocate/volunteer involved/reporting incident:** | | | |  | | | |
| **Woman/ Survivor Involved:** | | | |  | | | |
| **Survivor Permission to Use Name if Necessary:**  (Release of Information-see below) | | | | **Yes** | | **No** | |
| **Concerned Agency/ Employee Involved:** | | | |  | | | |
| **Description of Concern (use reverse side if needed):** | | | | | | | |
| **Remedy (to be completed by liaison or a multi-disciplinary team coordinator)\*** | | | | | | | |
| **Action Taken:** | **phone call** | **letter** | **meeting** | | **training** | | **policy development** |
| **Other action, explain:** | | | | | | | |
| **Describe action taken:** | | | | | | | |
| **Outcome:** | | | | | | | |
| **Persons involved in reaching outcome:** | | | | | | | |
| **Other relevant information:** | | | | | | | |

**Sample release of Information**

I give **[agency name]** permission to address this matter with the involved agencies.

I would like to participate in actions to address this problem: \_\_\_\_ Yes \_\_\_\_ No

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Initial by advocate if permission given over the phone)