**Institutional Response Concerns Tracking Form Template**

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| **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)