



CYAC STATISTICAL REPORT FORM

Please complete for each client served (forensic interview, telephone call, etc.)

CYAC ID # (assigned by PrévAction): _____ Date: _____

Completed by: _____

Please check all that apply to the case:

Forensic interview conducted at CYAC

Date of initial interview: _____

Additional interviews if applicable: _____

Agency Meeting: _____

Date of meeting: _____

Details/Purpose: _____

Telephone/E-mail Inquiry: *Refer to page 4 to complete*

Resource Inquiry: *Refer to page 4 to complete*

Other: _____

Referred by:

OPP Cornwall Community Police Children's Aid Society

Other: _____

Type of Investigation: CAS Only Police Only Joint

Cornwall Community Police Service Involvement? Yes No

Name of investigating officer: _____

Ontario Provincial Police Involvement? Yes No

Name of investigating officer: _____

Children's Aid Society of S.D. & G. involvement? Yes No

Contact person: _____

Person Interviewed (First name and initial)	Gender	Age/DOB	Ethnicity of child/youth	Language: English French Other	Victim (V) Witness (W) Other (O)	Residence: Cornwall (C) County of Stormont (S) County of Dundas (D) County of Glengarry (G) Akwasasne (A)

Person(s) bringing the child/youth to the Centre:

1) **Relationship to child/youth**

- Mother
- Sibling
- Father
- Other family member
- Other primary caregiver
- Unknown

2) **Relationship to child/youth**

- Mother
- Sibling
- Father
- Other family member
- Other primary caregiver
- Unknown

3) **Relationship to child/youth**

- Mother
- Sibling
- Father
- Other family member
- Other primary caregiver
- Unknown

Type of Alleged Abuse:

- Aggravated Sexual Assault
- Aggravated assault
- Common assault
- Invitation to sexual touching
- Luring
- Sexual assault with a weapon, threats to a third party or causing bodily harm
- Sexual assault (level 1)
- Assault with a weapon or causing bodily harm
- Sexual interference
- Sexual exploitation
- Other: _____

Alleged Offender (1)			
Initials	Age	Gender	Residence: Cornwall (C) County of Stormont (S) County of Dundas (D) County of Glengarry (G) Akwasasne (A)

Relationship between the child/youth and alleged offender (circle)

Parent Step-parent Foster parent Other immediate family Extended family Friend
Friend of the family Casual acquaintance Stranger Other (specify): _____
Unknown

Alleged Offender (2)

Initials	Age	Gender	Residence:
			Cornwall (C) County of Stormont (S) County of Dundas (D) County of Glengarry (G) Akwasasne (A)

Relationship between the child/youth and alleged offender (circle)

Parent Step-parent Foster parent Other immediate family Extended family Friend
Friend of the family Casual acquaintance Stranger Other (specify): _____
Unknown

Follow-up: Yes No

➤ Date of follow-up with the client (dd-mm-yy): _____

Mechanism used to follow-up with the client:

- Telephone Yes No
- In-person Yes No
- E-mail Yes No
- Through partner organization Yes No

➤ Date of follow-up with the client (dd-mm-yy): _____

Mechanism used to follow-up with the client:

- Telephone Yes No
- In-person Yes No
- E-mail Yes No
- Through partner organization Yes No

Follow-up Notes (if applicable): _____

Charges Laid: Yes No

Case Outcome – Criminal:
 Guilty Not Guilty Withdrawn Stayed Diversion

Case Outcome – Child Protection:
 Verified Not Verified Inconclusive

Date Common File Closed (mm/dd/yyyy): _____

Telephone/E-mail Inquiry:

Date: _____

Details: _____

Information provided: _____

Resource Inquiry:

Date: _____

Details: _____

Information provided: _____
