



## 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                                       Father                                       Other primary caregiver  
 Sibling                                         Other family member    Unknown

2) **Relationship to child/youth**

- Mother                                       Father                                       Other primary caregiver  
 Sibling                                         Other family member    Unknown

3) **Relationship to child/youth**

- Mother                                       Father                                       Other primary caregiver  
 Sibling                                         Other family member    Unknown

**Type of Alleged Abuse:**

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

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)			
<b>Initials</b>	<b>Age</b>	<b>Gender</b>	<b>Residence:</b>
			Cornwall (C)
			County of Stormont (S)
			County of Dundas (D)
			County of Glengarry (G)
			Akwesasne (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: \_\_\_\_\_

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Information provided: \_\_\_\_\_

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**Resource Inquiry:**

Date: \_\_\_\_\_

Details: \_\_\_\_\_

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Information provided: \_\_\_\_\_

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