

# Family Violence Investigation Report

**Instructions:** Obtain information within first 12 hours of investigation from CPIC, Complainant, Witness, etc. Use the "Officer's Notes" for preparing police report. \*\*\* INFORMATION REQUIRED FOR BAIL HEARING

Agency:

File Number:

<b>SUSPECT HISTORY:</b>	YES	NO	*** Officer's Notes
1. Suspect's Criminal Violence History: Does the suspect have a history of investigations, charges or convictions for violence and/or sex assaults?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Previous Domestic Violence History: Is there a history of violence or abusive behaviour in the relationship or with a previous intimate partner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	***
<b>COMPLAINANT:</b>	YES	NO	***
3. Complainant's Perception of Personal Safety: Does the complainant believe the suspect will disobey terms of release (eg. no contact orders)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Complainant's Perception of Future Violence: Does the complainant fear further violence if the suspect should be released from custody?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*** What is the basis of victim's fear and what access is there
5. Alcohol Abuse: Does the suspect have a history of drug or alcohol abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
6. Mental Illness: Does the suspect have a history of mental illness (eg. depression or paranoia)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
7. Suicidal Ideation: Has the suspect threatened or attempted suicide?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*** If yes, when and how?
<b>RELATIONSHIP BACKGROUND</b>			
<b>RELATIONSHIP:</b>	YES	NO	Officer's Notes
8. Current status of relationship: Is there past, recent or pending separation in the relationship?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Escalation in Abuse: Is there escalation in the frequency/intensity of violence or abuse towards the complainant, family members, a pet or another person?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
10. Children Exposed: Are there children under 18 in the home at any time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Children's Services Notified? YES <input type="checkbox"/> NO <input type="checkbox"/> Who are the parents and is there a custody dispute?
11. Threats: Has the suspect ever threatened to kill or harm the complainant, a family member, another person, children or a pet?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
12. Firearms: Does the suspect have access to firearms?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
13. Use of Firearms and Other Weapons: Has the suspect used or threatened to use a firearm, other weapon (e.g. knife) or thing, that can be used to cause death or injury (e.g. baseball bat) against the complainant, family member, children or an animal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
14. Court Orders: Has the suspect ever violated a court order?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
15. Employment Instability: Is the suspect unemployed or experiencing financial problems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
16. Forced Sex: Has the suspect ever forced sex on the complainant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
17. Strangling, Choking or Biting: Has the suspect ever strangled, choked or bit the complainant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
18. Stalking: Has the suspect displayed jealous behaviours, stalked or harassed the complainant or a previous intimate partner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
19. Other Information: Any other relevant information (eg. is the complainant socially/ physically isolated; unwilling to leave the home; cultural barriers inhibit complainant etc ... ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>IF: SAFETY OF COMPLAINANT AND/OR CHILDREN IS A CONCERN, ALSO CONSIDER AN "EMERGENCY PROTECTION ORDER" PROVIDED FOR IN THE PROTECTION AGAINST FAMILY VIOLENCE ACT.</b>			

This information is being collected in accordance with Section 33 (B) and (C) of the Freedom of Information and Protection of Privacy Act.

### Safety Planning

- **Victim safety planning**  
Are there strategies or processes that could be utilized to increase the safety of the victim, and strengthen abilities to monitor and evaluate situations of risk?
- **Risk Monitoring**  
Re-evaluation will enable member to continually assess any changes in risk, ie. Interviews with suspect, interviews with victim, home visits, warning signs, major life events, etc.
- **Limitations on suspect**  
Supervision or surveillance strategies necessary, as well as restrictions on activity, association, or communication, ie- no contact, no weapons, no alcohol/drugs, reside as directed, Emergency Protection Order, remand, etc . . .
- **Immediate Action**  
Does the person pose imminent risk, and/or preventive steps to be taken, ie. Arrest, hospitalization, counseling, etc.?

**Extra Space (Provide any additional information that may be continued from Page 1.) Specify Question number(s)**