

Domestic Related Crimes	Against Person	Against Property	Total
--------------------------------	----------------	------------------	-------

Domestic Violence Sub-Committee Meeting	Date	Subject
--	------	---------

DV Program Training Attended <input type="checkbox"/> Yes <input type="checkbox"/> No	DVLO <input type="checkbox"/> Yes <input type="checkbox"/> No	DVLO Alternate <input type="checkbox"/> Yes <input type="checkbox"/> No	Training Topic
---	--	--	----------------

Contact With Domestic Violence Victims	Total	Hours Spent
---	-------	-------------

Number of Referrals/Contacts Made By:			
Phone	Letter	In Person	Other

Contact With Area Detectives <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Hours Spent
---	------	-------------

DVLO Meeting Attended	DVLO <input type="checkbox"/> Yes <input type="checkbox"/> No	DVLO Alternate <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------	--	--

Review And Analysis Of Case Reports	Hours Spent
--	-------------

Programs Presented	Total	Attendance	Hours Spent
---------------------------	-------	------------	-------------

Community Meetings Attended (Other than D/V meetings)	Total	Attendance	Hours Spent
--	-------	------------	-------------

Other Related Duties	Hours Spent
-----------------------------	-------------

Other Non - DV Related Duties	Hours Spent
--------------------------------------	-------------

Prepared By: Print Name - Star No.	Signature	Approved By: Print Name - Star No.	Signature
------------------------------------	-----------	------------------------------------	-----------

APPROVED BY: DISTRICT COMMANDER'S SIGNATURE	APPROVED BY: AREA DEPUTY CHIEF'S SIGNATURE
--	---