

University of Maine
INCIDENT RESPONSE

The Responder should complete this form and leave it with the victim/survivor.

Please indicate below (✓) all services the victim/survivor has received and which referrals have been made.

Received:	Service	Referred to:
	Safe Campus Project, 581-2515	
	Rape Response Services, 1-800-310-0000	
	Spruce Run, 1-800-863-9909	
	Counseling Services, 581-1392	
	Student Health Services, 581-4179	
	Eastern Maine Medical, 973-8000	
	St. Joseph's Hospital, 262-5000	
	Public Safety, 581-4040	
	Office of Community Standards, 581-1409	
	Off campus police _____	
	Dean of Students, 581-1406	
	Academic Dean _____	
	Residence Life Staff, 581-4801	
	Housing Services, 581-4580	
	District Attorney's Office, 942-8552	
	Victim Witness Advocate, 942-8552	
	Penquis Legal Project, 973-3671	
	Other: _____	

- Advise individual that the Coordinator of the Safe Campus Project will be notified that an incident has occurred. Inform individual that the Coordinator is willing to follow up with her/him.
- Permission to contact.
 Prefer no contact at this time.

NOTES:

Person completing this form: _____
 Position/Dept: _____ Phone #: _____ Date: _____

cc: Responder
 Coordinator