

**TECHNOLOGY-ENABLED COERCIVE CONTROL CLINIC  
Referral Form**

*This form is to be filled out by an Advocate or other service provider while in discussion with a participant who is interested in attending the TECC Clinic. This form is used to prepare the clinic staff and volunteers for their upcoming appointment.*

*At this time the TECC Clinic will only be accepting participants who are **18 years or older**.*

**All referrals will be kept in [REDACTED] database. No identifying information will be released without written consent, unless required by court order or by our status as mandated reporters. As mandated reporters, we must report any threats made to harm oneself or others, as well as, child abuse or neglect.**

**REFERRAL GUIDELINES**

1. To refer a potential TECC Clinic participant, please complete this form and send directly to [REDACTED] via email at [REDACTED] or Faxed to [REDACTED].
2. TECC Clinics are held on [REDACTED]. Referrals are accepted on a rolling basis. Referrals will be assigned from [REDACTED] before the upcoming clinic.
3. [REDACTED] will contact participants from 11am- 1pm, **from a blocked number**, on the Wednesday before the upcoming clinic to alert them of their time slot, provide them with the TECC clinic address and discuss how to best prepare for their appointment. Participants must be available for the phone call to confirm the appointment. [REDACTED] will call twice in a row, if the participant is unable to confirm the appointment during that call back time they will be placed on a waitlist for future clinics.
4. If the number of referrals is larger than the available appointments participants will be placed on a waitlist. [REDACTED] will contact those that have been identified as having time sensitive concerns first and then will contact participants sequentially from the waitlist.
5. If the upcoming clinic is full, the referring advocate will receive an automatic reply from the [REDACTED] email address. Referring advocates will be responsible for relaying that information back to the participant that has been referred.
6. Please include to the best of your knowledge, the level of safety concern with all participants that are referred.
7. [REDACTED] cannot be held responsible for any errors made that result in damaged property or compromises victims safety.
8. This form also acts as a release of information for the referring advocate and the [REDACTED] advocate to release and obtain information regarding the participant for coordination of services and safety concerns limited to involvement in the TECC clinic.

**REFERRING ADVOCATE/AGENCY**

Referring Agency:

Click here to enter text.

Date:

Click here to enter text.

Referring Advocate:	Click here to enter text.		Click here to enter text.
Advocate Email:	Click here to enter text.	Advocate Telephone:	Click here to enter text.
“I have completed a safety plan with this client”	Click here to enter text.	Advocate Signature:	Click here to enter text.

**TECC CLINIC PARTICIPANT INFORMATION**

Participant Name:	Click here to enter text.		
Email:	Click here to enter text.	Is it safe to send an email?	Click here to enter text.
Telephone:	Click here to enter text.	Is it safe to leave a message?	Click here to enter text.
Alternative safe contact:	Click here to enter text.		
Zip Code:	Click here to enter text.	DOB:	Click here to enter text.
		Race:	Click here to enter text.
		Gender Pronouns:	Click here to enter text.
Would the participant like to have an interpreter?	Click here to enter text.	If so, for which Language?	Click here to enter text.

**At this time childcare is not provided. Please talk with participants about alternatives for childcare.**

Why does the participant want to come to the TECC Clinic? What specific problems does the participant want addressed at the TECC Clinic? (Describe and/or choose from list below)

Click here to enter text.

*Please choose all that apply*

- Unwanted and/or constant texts
- Threats to or the distribution of intimate images/photos (The Clinic legally cannot assist with intimate images of a minor)
- Online Impersonation
- Problems setting up new, secure accounts
- Identity theft
- Damaging reputation online
- Group bullying through online forums
- Webcams
- Home systems

- Unwanted social media contact
- Location tracking (via GPS, find my iPhone, etc.)
- Unsecured/Stolen passwords
- Access to accounts (without permission)
- Key-logger and/or spyware (Programs or devices that record information typed into a computer/phone or web-sites visited. For example: stealing passwords by tracking what is typed into a keyboard)
- Call/Text spoofing (using disguised/unknown phone numbers to call or text)
- "Doxxing" (revealing personal identification or contact information)

Are there specific devices and/or online accounts that the participant wants to go through to ensure that they are safe and secure?

Click here to enter text.

Which operating system is participant using? (IOS, Android, Windows)

Click here to enter text.

How long has the participant been experiencing these concerns?

Click here to enter text.

**Are there any time-sensitive events/dates coming up? Does the participant have a particular reason they need assistance by a certain date?**

Click here to enter text.

**Is the participant interested in learning how to preserve evidence (saving texts, emails, voicemails, ect) for future use? Reasons to preserve evidence include family law action, a criminal case, a stalking incident log, and protection orders.**

Click here to enter text.

**Our technology volunteers come to us from many companies in Seattle. Are there any companies that would present a safety concern for the participant? (For example, does the person targeting/harassing the participant work at a technology company).**

Click here to enter text.

**RELEASE OF INFORMATION**

I [Click here to enter participants name.](#) give my permission to **[REDACTED]** and (referring organization) to obtain and release information regarding coordination of services and safety concerns limited to my involvement in the TECC clinic.

\*this release expires upon 3 months of signature

Participant provided verbal consent

Signature of participant: [Click here to enter text.](#)

Signature of advocate: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

**FOR TECC CLINIC TEAM ONLY**

Date Received:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>