

# Post Incident Victim Assistance Report

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Time Notified: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Incident Commander: \_\_\_\_\_ Case Number: \_\_\_\_\_

Address of Incident: \_\_\_\_\_

|                               |        |          |      |
|-------------------------------|--------|----------|------|
| Number of Impacted Occupants: | Adults | Children | Pets |
|                               |        |          |      |

|                                 |     |    |
|---------------------------------|-----|----|
| Do Occupants own the structure: | Yes | No |
|                                 |     |    |

**1 Describe the services provided to those impacted:**

Notes:

|                                  |                                    |       |
|----------------------------------|------------------------------------|-------|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Red Cross | _____ |
|                                  | <input type="checkbox"/> Church    | _____ |
| Cost\$ _____                     | <input type="checkbox"/> Family    | _____ |
|                                  | <input type="checkbox"/> M/Hotel   | _____ |
|                                  | <input type="checkbox"/> Other     | _____ |

|                               |                                    |       |
|-------------------------------|------------------------------------|-------|
| <input type="checkbox"/> Food | <input type="checkbox"/> Red Cross | _____ |
|                               | <input type="checkbox"/> Church    | _____ |
| Cost\$ _____                  | <input type="checkbox"/> Family    | _____ |
|                               | <input type="checkbox"/> Other     | _____ |

|                                   |                                    |       |
|-----------------------------------|------------------------------------|-------|
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Red Cross | _____ |
|                                   | <input type="checkbox"/> Church    | _____ |
| Cost\$ _____                      | <input type="checkbox"/> Family    | _____ |
|                                   | <input type="checkbox"/> Other     | _____ |

|                                |                                      |       |
|--------------------------------|--------------------------------------|-------|
| <input type="checkbox"/> Other | <input type="checkbox"/> Medical     | _____ |
|                                | <input type="checkbox"/> Pets        | _____ |
| Cost\$ _____                   | <input type="checkbox"/> Actual Cash | _____ |
|                                | <input type="checkbox"/> Other       | _____ |

**2 Describe actions and tasks performed to secure the property and building:**

A How was property secured?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B How was the structure secured?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C Weather/seasonal damage mitigations required?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Internal Review Only: \_\_\_\_\_ Service Levels Verified by Occupants  
 \_\_\_\_\_ Services Met Contract Requirements