



## **Third Party Reporting: Local Interagency Protocol Development Checklist**

*This document is intended to assist with local interagency protocol development for Third Party Reporting of sexual assault in British Columbia. It is to be used in conjunction with the comprehensive CCWS publication **Third Party Reporting Guidebook: Increasing Reporting Options for Sexual Assault Victims, November 2015**, available at <http://endingviolence.org/publications/third-party-reporting-guidebook-increasing-reporting-options-for-sexual-assault-victims-november-2015/>*

TASK	RESPONSIBLE	DUE
<b>A. Develop Local Interagency TPR Protocol</b>		
<input type="checkbox"/> Review the TPR Guidebook November 2015, relevant RCMP or Municipal police policy, community agency record keeping guidelines and other documents to ensure your program and organization is ready to develop protocols to implement TPR	Local Teams	
<input type="checkbox"/> Contact CCWS for support including TPR Form and Cover Sheet originals	Local Teams	
<input type="checkbox"/> Make any changes needed to ensure your program and organization is ready to develop protocols to implement TPR	Local Teams	
<input type="checkbox"/> Develop and document draft local interagency protocol (template available in TPR Guidebook Nov 2015)	Local Teams	
<input type="checkbox"/> Set up a TPR Cover Sheet filing system and record keeping guidelines	CBVS	
<input type="checkbox"/> Set up a database or spreadsheet for tracking Third Party Reports anonymously for data purposes	Police	

TASK	RESPONSIBLE	DUE
<input type="checkbox"/> Provide information about the protocol development within your agency as appropriate	Local Teams	
<input type="checkbox"/> Develop a case study that is realistic in your community and will allow you to run through a trial TPR procedure, including a police request to follow up with the victim	Local Teams	
<input type="checkbox"/> Go through a trial TPR procedure to test out the local process, including a police request to follow up with the victim	Local Teams	
<input type="checkbox"/> Meet to discuss the trial TPR procedure and make any changes necessary to protocol document	Local Teams	
<input type="checkbox"/> Get sign off on the local protocol between police and CBVS	Local Teams	
<b>B. Implement Protocol</b>		
<input type="checkbox"/> Inform community partners and clients about benefits and process for connecting to CBVS to consider reporting options, including TPR	Local Teams	
<input type="checkbox"/> Make proactive referrals to CBVS to consider reporting options, including TPR	Police, PBVS, other community partners	
<input type="checkbox"/> Assist sexual assault victims to understand and access supports and protections available, increase safety and healing, and address barriers to reporting the sexual assault to the police if possible	CBVS	
<b>C. Facilitate TPR Process if requested and appropriate</b>		
<input type="checkbox"/> Explain limits of confidentiality	CBVS	
<input type="checkbox"/> Explore any barriers to making a full police report, address barriers if possible	CBVS	

TASK	RESPONSIBLE	DUE
<input type="checkbox"/> Explain TPR Process by reviewing TPR Cover Sheet and local procedures	CBVS	
<input type="checkbox"/> Provide a space and any necessary supports for the victim to complete the TPR Form	CBVS	
<input type="checkbox"/> Provide emotional support during and after completion of TPR form	CBVS	
<input type="checkbox"/> Photocopy TPR form and keep photocopy as per agency records management guidelines	CBVS	
<input type="checkbox"/> File TPR Cover Sheet	CBVS	
<input type="checkbox"/> Deliver original TPR form to police in person or by registered mail	CBVS	
<input type="checkbox"/> Review TPR form	Police (designated TPR contact)	
<input type="checkbox"/> Assign police file number	Police	
<input type="checkbox"/> Contact CBVS to confirm receipt of TPR and communicate police file number	Police	
<input type="checkbox"/> Conduct preliminary investigation <b>IMPORTANT:</b> ensure the victim's confidentiality is maintained	Police	
<input type="checkbox"/> Contact CBVS to request contact with victim if needed	Police	
<input type="checkbox"/> Contact victim with request from police	CBVS	
<input type="checkbox"/> Connect victim to police, or pass on victim's refusal to police	CBVS	

***For support with Third Party Reporting contact CCWS:***

***ccws@endingviolence.org 604 633-2506 ext. 15***