

# Referral checklist for sexual assault complainants with intellectual disability



Personal Details	
Name	Address
Date of birth	
Phone	

Initial NSWPF Contact	
Name & contact details of Officer /Employee	
Method of contact (in person/telephone),	In person / telephone
Details of contact/arrangements made	

Why do you believe this person has intellectual disability?	
Informed by person themselves	Yes/No
Informed by advocate/carers/family member/friend	Yes/No

Communication aids required		
Interpreter	Yes/No	Details:
Support person	Yes/No	Details:
Makaton or other communication aid	Yes/No	Details:
Special needs/availability for interview		Details:

Initial responding Police Contact/action	
Officer/contact details	
Details of report (note evidence of First Complaint) <i>(attach additional page/s if required)</i>	
Urgent Considerations – <ul style="list-style-type: none"> <li>• Crime Scenes/Locations :</li> <li>• Immediate action required to secure/preserve evidence (forensic/other):</li> </ul>	
Name and contact details of detective referred to:	
COPS Event No :	<a href="#">E@gle.i.</a> investigation name