

Form 2

Report and risk assessment by functionary

[Regulation 4(1)]

SECTION 2A(2)(a)(i) OF THE DOMESTIC VIOLENCE ACT, 1998 (Act No. 116 of 1998)

(*Delete whichever is not applicable.)

To: *The Social Worker/SAPS

.....

REPORT AND RISK ASSESSMENT BY FUNCTIONARY ON BELIEF OR SUSPICION OF ACT OF DOMESTIC VIOLENCE
A**CERTIFICATE**

I,

(Full names and surname)

hereby certify as follows:

- I am employed by (employer) at (address) as
- On the day of 20..... I, in the course of the performance of my duties or the exercise of my functions as (designation/occupation), had*examined/assessed/evaluated/interviewed/talked to/discussed with the person whose particulars are set out in Part B of this form.
- During that session, I obtained information which, after evaluation, caused me to *believe/suspect on reasonable grounds, that the said person may be a victim of domestic violence.
- The said person is a *child, a person with a disability (type of disability:.....) or an older person.

NB! In terms of section 2A(3) of the Act, a functionary who makes the report, referred to in section 2A(2)(a), in good faith is not liable to civil, criminal or disciplinary action on the basis of the report, despite any law, policy or code of conduct prohibiting the disclosure of personal information; and is entitled to have their identity kept confidential, unless the interests of justice require otherwise.

B**PERSONAL PARTICULARS OF POTENTIAL VICTIM**

Surname:

First Name/s:

Age or date of birth

Sex:

Residential or work address:

Code ()

Phone number (h):

()

Cellular number:

Email address:	
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C	REPORT
I *believe/suspect on reasonable grounds that the said person may be a victim of domestic violence for the following reasons:	
(a)	
(b)	
(c)	
(d)	
(e)	

D	ASSESSMENT
During my examination/assessment/evaluation of the victim and/or my interview/discussion with the victim I observed/noticed/learned the following:	
(a)	
(b)	
(c)	
(d)	
(e)	

E	RISK
The victim has completed the attached risk assessment tool and I am of the opinion that the victim may be at risk for the following reasons:	
(a)	
(b)	
(c)	
(d)	
(e)	

F	REFERRAL
I *suggested/referred the victim to the following services:	
(a)	
(b)	
(c)	

(d)
(e)

Date.....Place.....

Functionary

Official stamp
