

**Note: Although the information above may be valuable to collect if safe to do so, these details are not included in this stalking log as it may not apply in all situations or could affect safety. Consider how the information could be documented creatively and safely in your situation.**

<b>Abusive Event #</b>	Abusive person's name and date of birth:		
Date:	Time:	Location:	Witnesses: (if any)

Brief description of abusive event:

**Your devices, accounts or other technology where abuse occurred**

Tick boxes and write type of device, account, or other tech that may be involved with the abuse.

Devices (tick)	Device type (i.e. iPhone 5)	Accounts (tick)	Account type (i.e. FB, Gmail, etc.)
<b>**For your security, please do not list personal account details.**</b>			
<input type="checkbox"/> Primary smartphone _____		<input type="checkbox"/> Email address1 _____	
<input type="checkbox"/> Other smartphone _____		<input type="checkbox"/> Email address2 _____	
<input type="checkbox"/> Tablet _____		<input type="checkbox"/> iCloud/AppleID _____	
<input type="checkbox"/> Computer _____		<input type="checkbox"/> Social media 1 _____	
<input type="checkbox"/> Child's device _____		<input type="checkbox"/> Social media 2 _____	
<input type="checkbox"/> Location tracking _____		<input type="checkbox"/> Bank _____	
<input type="checkbox"/> Recording device _____		<input type="checkbox"/> Government _____	
<input type="checkbox"/> Smart device _____		<input type="checkbox"/> App _____	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Unknown, but suspect _____		<input type="checkbox"/> Other _____	

**Assistance sought and actions taken after this event.**

Tick as many boxes as appropriate and describe response below.

\_\_\_\_\_ →

<input type="checkbox"/> Police <input type="checkbox"/> Support service <input type="checkbox"/> Medical  <input type="checkbox"/> Phone/internet service <input type="checkbox"/> Tech company <input type="checkbox"/> IT professional <input type="checkbox"/> Other	Police station _____ Date _____ Officer name _____ Officer title _____ Event/report number _____
	Describe response/advice from services ticked:
Receipts attached related to this abuse. \$ _____	Saved paper <input type="checkbox"/> and/or electronic <input type="checkbox"/> evidence by:

**Effects from Abusive Event.** Briefly describe how you feel after this abuse and any changes you have had to make because of it.



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