

## CRM Note Sheet

Detail Required	What to Record	Details
Interaction Handler	<ul style="list-style-type: none"> <li>Name of person taking the Interaction</li> </ul>	
Interaction Date	<ul style="list-style-type: none"> <li>Time in HH:MM</li> <li>Date in DD/MM/YY</li> </ul>	
Out of Remit	<ul style="list-style-type: none"> <li>Enter YES if out of remit.</li> <li>Otherwise enter NO.</li> <li>Reason for Out of Remit</li> </ul>	
Enquirer Details	<ul style="list-style-type: none"> <li>Enquirer Name/Age/How they heard about Hourglass.</li> <li>Enquirer Address if given (City/County/Country)</li> <li>If professional, Job Position.</li> <li>Phone Number/E-Mail.</li> <li>Any other relevant information.</li> </ul>	
Abuse Types	<ul style="list-style-type: none"> <li>Which of the following: Coercive Control/Domestic Abuse/Financial/Institutional/Self-Neglect/Neglect/Physical/Psychological.</li> <li>Can be multiple types – List all applicable</li> </ul>	
Abuse Location	<ul style="list-style-type: none"> <li>Own Home/Hospital/Care Home/Nursing Home/Somewhere Else etc.</li> </ul>	
Value of Financial Loss	<ul style="list-style-type: none"> <li><i>If Financial Abuse, note any stated amounts.</i></li> </ul>	

Detail Required	What to Record	Details
<b>Victim Details</b>	<ul style="list-style-type: none"> <li>• Victim Name/Age.</li> <li>• Victim Address if given (City/County/Country).</li> <li>• Background – Nationality, Ethnicity, Religious Belief, Sexuality, Disabilities, Barriers to Help, Additional Needs</li> <li>• Care Needs – Capacity Y/N, Risk Factors, Supported Decision Making in Place?</li> </ul>	
<b>Notes</b>	<ul style="list-style-type: none"> <li>• Summary of Circumstances</li> <li>• Who, What, Where, Why?</li> <li>• Action Already Taken</li> </ul>	See “Notes” Below
<b>Advice/Support Offered</b>	<ul style="list-style-type: none"> <li>• Information on Advice Given.</li> <li>• Examples – Information on Adult Safeguarding, Basic Legal Information on Power of Attorney etc.</li> </ul>	
<b>Signposting</b>	<ul style="list-style-type: none"> <li>• Information/Contact Details of Organisations Given.</li> </ul>	
<b>Referrals</b>	<ul style="list-style-type: none"> <li>• Referral Made – For example to Adult Safeguarding or Community Response Team.</li> <li>• Make note of organisation called, and any details relevant – Number, E-Mail, Address.</li> </ul>	
<b>Outcomes of Interaction</b>	<ul style="list-style-type: none"> <li>• Enquirer more informed? Y/N</li> <li>• Enquired feels listened to/supported? Y/N</li> <li>• Enquirer feels more confident? Y/N</li> </ul>	

[illegible]

.....

.....

.....

.....

.....

.....

Completed Notes: When these have been completed, please forward these to the following E-mail addresses:

- [angiegreenaway-samuel@wearehourglass.org](mailto:angiegreenaway-samuel@wearehourglass.org)
- [elliothunter@wearehourglass.org](mailto:elliothunter@wearehourglass.org)
- [maggieevans@wearehourglass.org](mailto:maggieevans@wearehourglass.org)