



Policy Centre for Victim Issues



EDIT AN EXISTING AGENCY

If you would like to make changes or corrections to the information in the Directory about your agency, please complete the form below. The Agency name, province, and municipality are mandatory fields. After entering the mandatory fields, ***please provide as much information as possible about your agency.*** Your request will be reviewed by a Victim Service Directory staff member and changes will be made within 15 business days. If you have any questions, please contact the Victim Service Directory at: Vsd-rsv@justice.gc.ca

[*] Mandatory Fields

1.	Agency Name*:	
2.	Street Address: <i>(if applicable)</i>	
	Suite Number:	
	City*:	
	Province/Territory*:	
	Postal Code:	
	Country:	
3.	Mailing Address: <i>(if different than Street Address)</i>	
	PO Box:	
	City:	
	Province/Territory:	
	Postal Code:	
	Country:	
4.	Phone Number*:	
5.	Crisis Line:	
6.	Fax:	
7.	TTY:	
8.	General Email:	



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9.	Website:	
10.	Agency Description: (250 words or less)	
11.	Type of Victimization: (Check all that apply)	<ul style="list-style-type: none"><input type="checkbox"/> Adult Survivor of child/youth sexual abuse<input type="checkbox"/> Child/Youth Sexual Assault - Child/Youth Victim<input type="checkbox"/> Child/Youth victim of sexual exploitation<input type="checkbox"/> Child/Youth Violence – Bullying<input type="checkbox"/> Child/Youth Violence - Physical Abuse<input type="checkbox"/> Criminal Harassment (Stalking)<input type="checkbox"/> Domestic Violence - Adult victim of Partner Abuse<input type="checkbox"/> Domestic Violence - Child/Youth victim/witness of domestic violence<input type="checkbox"/> Elder Abuse<input type="checkbox"/> Families of Homicide Victims<input type="checkbox"/> Families of Missing, Abducted, and Exploited Children<input type="checkbox"/> Families of Sexually Abused Children<input type="checkbox"/> Hate Crime<input type="checkbox"/> Human Trafficking<input type="checkbox"/> Impaired Driving<input type="checkbox"/> Sexual Assault - Adult - female victims<input type="checkbox"/> Sexual Assault - Adult - male victims<input type="checkbox"/> All of the above
12.	Type of Services: (check all that apply)	<ul style="list-style-type: none"><input type="checkbox"/> Advocacy<input type="checkbox"/> Compensation<input type="checkbox"/> Counselling<input type="checkbox"/> Court Accompaniment<input type="checkbox"/> Crisis Intervention<input type="checkbox"/> Crisis/Distress Line<input type="checkbox"/> Emotional Support<input type="checkbox"/> General Information<input type="checkbox"/> Hospital Accompaniment<input type="checkbox"/> Safety Planning/Risk Assessment<input type="checkbox"/> Self-Help Support Groups<input type="checkbox"/> Services offered in other languages<input type="checkbox"/> Services specific to Aboriginal peoples<input type="checkbox"/> Services specific to children and youth<input type="checkbox"/> Services specific to gay/bisexual/transgender men<input type="checkbox"/> Services specific to lesbian/bisexual/transgender women<input type="checkbox"/> Services specific to members of a visible minority<input type="checkbox"/> Services specific to persons with disabilities<input type="checkbox"/> Services specific to senior persons<input type="checkbox"/> Shelters/Housing/Transition Homes<input type="checkbox"/> Victim Impact Statements (assistance in preparation)<input type="checkbox"/> Victim Notification<input type="checkbox"/> Victim/Witness Preparation<input type="checkbox"/> All of the above

Please send your completed form to:
Victim Services Directory

Or Fax your completed form to:
(613) 952-1110



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Policy Centre for Victim Issues
284 Wellington Street
Ottawa, ON
K1A 0H8

Attention: Victim Service Directory