

# Referral Form

**FAX TO:** 403-476-7201

**EMAIL TO:** raft.referral@gmail.com

For additional information call 403-476-7204



**RAFT**  
Restorative Actions  
for Transformation

Referral Date: \_\_\_\_\_

## Offender Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Aboriginal Status (if applicable): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Offence: \_\_\_\_\_

Date Referral needs to be completed by: \_\_\_\_\_

Were other offenders involved? Yes  No

If yes, the co-accused name(s): \_\_\_\_\_

Is an apology letter required? Yes  No

If yes, when is it required by: \_\_\_\_\_

Additional Information Relevant to the Offender:

\_\_\_\_\_  
\_\_\_\_\_

## Referral Information

Name of Referring Person: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## Victim Information

### Victim #1

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is the victim under 18?    Yes  No  Unsure

Is the victim aware of the program?    Yes  No  Unsure

Is the victim open to contact from a RAFT Facilitator?    Yes  No  Unsure

### Victim #2

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is the victim under 18?    Yes  No  Unsure

Is the victim aware of the program?    Yes  No  Unsure

Is the victim open to contact from a RAFT Facilitator?    Yes  No  Unsure

## Additional Victims and Information

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## Additional Information Relevant to the Referral

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