**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH**

**OFFICE OF WOMEN’S HEALTH**

**DOMESTIC VIOLENCE SUPPORTIVE SERVICES**

**DVSS EVENT SERVICES REPORT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency:** |  | **Contract #:** |  | **Month:** |  |
| **Staff Name:** |  | **Phone:** |  | **Year:** |  |

*Use this form to report the following event types: Legal Services Outreach, Case Management Outreach, Legal Services Workshop, Case Management Workshop, and GR/GAIN/GROW Job Club Presentation.* ***Submit completed form with your agency’s invoice.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Event Date** | **Type of Event** | **Time duration of Event** | **Location/Address** | **# of Attendees** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |
| **6.** |  |  |  |  |  |
| **7.** |  |  |  |  |  |
| **8.** |  |  |  |  |  |
| **9.** |  |  |  |  |  |
| **10.** |  |  |  |  |  |

Signature Date