

# Appendix C

## Potential Trafficking Victim Referral Form

Name of potential trafficking victim:

Address:

Phone Number:

A-Number:

Date of birth:

Country of origin:

Language(s) spoken:

Where did you encounter the potential trafficker?

Where/when did you encounter the potential trafficking victim?

Why do you believe this person is a trafficking victim?

How did the potential trafficking victim arrive at the United States (what type of documents and what port of entry)?

Are there any safety concerns? If so, please explain:

Additional Information: