

**STATE OF ALASKA**  
**HUMAN TRAFFICKING REFERRAL FORM**

*For official use only. Please complete all sections the form to the best of your ability. Please list evidence that will be submitted with this document on a separate form (Addendum 1).*

**Date of Referral:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Contact details of person making referral**

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

Job title: \_\_\_\_\_

Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

**Potential victim details**

Single alleged victim

Multiple alleged victims

Please provide victim details (If multiple victims exist, please include the primary contact or most reliable contact and include others in the narrative section at the end of this form).

Last name: \_\_\_\_\_

First name(s): \_\_\_\_\_

Also known as: \_\_\_\_\_

Was this verified? Yes  or No  How? (Do they have control of their documents, if not who does and where are they kept?)

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

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Sex: M  or F  or Other  (Note any specific concerns about gender in the narrative section at the end of this form)

Nationality: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

Any English spoken: Yes  or No  Interpreter needed: Yes  or No

Is the individual willing to talk to Law Enforcement? \_\_\_\_\_

Current address/place of residence?

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

Is this address associated with the employer: Yes  or No

Who else lives at the residence? (family, coworkers, etc.)

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

Can address be used for correspondence relating to victim identification and support? Yes  or No

If not, please provide an alternative safe address for postal communications if available:

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

What is the best method to contact them for follow-up?

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

Safe telephone number at which to contact the alleged victim, such as a personal mobile number:

\_\_\_\_\_

What is the best time of day to reach them? (Note any times to avoid calling)

\_\_\_\_\_

Other safe means of contacting the potential victim, such as via legal representative:

\_\_\_\_\_

Other communication aids required (for example sign language): Yes  or No

Details: \_\_\_\_\_

Immigration status (if known): \_\_\_\_\_

Any other reference numbers (your organization's case number):  
\_\_\_\_\_

**General details of the encounter**

Date of encounter: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location of encounter (provide address if different from above):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What agency/agencies have/will you referred this matter to?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware of any actions currently being taken by other agencies: Yes  or No

If yes, what agencies?  
\_\_\_\_\_  
\_\_\_\_\_

Please provide contact information for the person(s) that may be responsible for coordination of the activities listed and any know reference numbers:

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

Was your contact recorded? Yes  or No

If Yes how? (Video, audio, other): \_\_\_\_\_

Were they aware they were speaking to law enforcement? Yes  or No   
\_\_\_\_\_  
\_\_\_\_\_

**General information about the suspected activity regarding the potential victim:  
(Mark any that apply):**

Human trafficking

Slavery, servitude, forced or compulsory labor

Other potential criminal violations, labor abuses  (explain):

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Age at the time the human trafficking is believed to have first occurred:

Under 18

18 to 21

over 21

**Suspected form of exploitation or forced service:**

domestic servitude (i.e. occurred wholly or partly within residential premises)

forced or compulsory labor (i.e. occurred at a place of business or location other than residential premises)

provision of sexual services or the commission of sexual offenses by the victim

criminal services (i.e. involved the commission of an offense by the victim)

unknown

other (please state) \_\_\_\_\_

Was the potential victim moved from another community (city, village, town, state, country) by the alleged victimizer: Yes  or No

If yes:

From:

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To:

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What was the means of transportation?

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Who paid for the transportation?

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If the alleged victim paid for the transportation, were promises made by the potential trafficker to reimburse the transportation costs?

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Was the alleged victim told they must work to pay back the expenses incurred by their transportation?

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**General Indicators:** (mark all that apply and add any not listed under ‘other’ – this is not an exhaustive list. Record further details of how indicators presented in the narrative section at the end of this form)

**Please mark all relevant boxes:**

1. Distrustful of authorities
2. Expression of fear or anxiety
3. Signs of psychological trauma (including post traumatic stress disorder)
4. The person acts as if instructed by another
5. Injuries apparently a result of assault or controlling measures
6. Evidence of control over movement, either as an individual or as a group
7. Found in or connected to a type of location likely to be used for exploitation
8. Restriction of movement and confinement to the workplace or to a limited area
9. Passport or documents held by someone else
10. Lack of access to medical care
11. Limited social contact / isolation
12. Limited contact with family
13. Signs of ritual abuse and witchcraft (Juju)
14. Substance misuse
15. Person forced, intimidated or coerced into providing services
16. Doesn't know home or work address
17. Perception of being bonded by debt
18. Money is deducted from salary for food or accommodation
19. Threat of being handed over to authorities
20. Threats against the individual or their family members
21. Being placed in a dependency situation
22. No or limited access to bathroom or hygiene facilities
23. Self identifies as trafficking victim
24. Any other, please provide details in narrative section

**Indicators of forced or compulsory labor** (mark all that apply and add any not listed under ‘other’ – this is not an exhaustive list. Record further details of how indicators presented in narrative section at the end of this form)

**Are any of these indicators present? (Mark as applicable)**

**Yes  please tick all relevant boxes No  continue to next section**

1. No or limited access to earnings or labor contract
2. Excessive wage reductions, withholding wages, or financial penalties
3. Dependence on employer for a number of services for example work, transport and accommodation
4. Any evidence workers are required to pay for tools, food or accommodation via deductions from their pay
5. Imposed place of accommodation
6. Found in poor living conditions
7. Evidence of excessive working days or hours
8. Deceived about the nature of the job, location, wages, or employer
9. Employer or manager unable to produce documents required when employing migrant labor
10. Employer or manager unable to provide record of wages paid to workers
11. Poor or non-existent health and safety equipment or no health and safety notices
12. Any other evidence of labor laws being breached
13. Vulnerable individual disability or medical issues, recently released from incarceration, homelessness
14. Other: Please explain in the narrative section at the end of this document.

**Indicators of domestic servitude** (mark all that apply and add any not listed under ‘other’ – this is not an exhaustive list. Record further details of how indicators presented in narrative section at the end of this form.)

**Are any of these indicators present? (Mark as applicable)**

**Yes  please tick all relevant boxes No  continue to next section**

1. Living with and working for a family in a private home or place of accommodation
2. Not eating with the rest of the family or being given only leftovers, or inadequate food
3. No private sleeping place or sleeping in shared space, for example the living room, garage, or closet
4. No private space
5. Forced to work in excess of normal working hours or being ‘on-call’ 24 hours per day
6. Employer reports them as a missing person
7. Employer accuses person of theft or other crime related to the escape
8. Never leaving the house without permission from the employer
9. Other: Please explain in the narrative section at the end of this document.

## **Evidence to support reasons for referral**

Please use this section to:

- Expand on the circumstances or details of your encounter or contact with the potential victim, providing background to how the information was provided.
- Please set out in as much detail as possible exactly what you think has happened to this person that makes them a potential victim of trafficking.
- Please document any credibility issues – for example, statements that conflict with available evidence or the behavior that suggests additional or conflicting motivations for complaint.
- Provide evidence of the indicators that you have identified in the sections above.
- Note whether it is likely that further information will become available at a later date.
- Provide any other relevant information that you consider may be important and wish to include for example living or working conditions, behavior, appearance, demeanor
- Movements in or out of the State of Alaska including dates and locations (if known)
- Movements in or out of the United States including dates and locations (if known)
- Suspected place of exploitation (if known)
- Name of alleged agent, exploiter or trafficker (if known)
- Name of other potential victims (if known)
- Record any action you have taken including referral to other agencies (for example the FBI, police, Homeland Security) where appropriate
- Any know contact/violation issues in the past with municipal, state, or federal law/code enforcement.
- Note any immediate concerns regarding the potential victim’s health, psychological well-being or safety.
- Note any immediate concerns regarding potential risk to law enforcement safety that the situation may present.

(If a further sheet is required, please indicate that the sections continues and provide it with the referral form)







**Addendum 1:**  
**List of Evidence Being Submitted With Trafficking Referral Form**

Item#	Name of Item:*	Brief Description of Item and Source:**	# of Pages

\*The item name should match that used in the trafficking report.  
\*\* From where or whom was this document recovered (please include all relevant dates).