

**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