

NCVAN Directory of Victim Services Entry Submission Form

Select one: This is a new entry. This is an update of an existing entry.

Name of Organization: _____

Address: _____

City/Town: _____ Zip: _____

Contact/Representative: _____

Phone: _____

Web site: _____

Services: _____

Services Offered in Spanish? Yes No

Contact(s): _____

Other Languages: _____

Contact(s): _____

Counties Served: _____

Other Pertinent Information (example: a particular service is offered only on certain days.):

Please attach this form to an email, and send it to webmaster@nc-van.org. Thank you!