

NAME:**DOB:****Case #:**

PERSON DESCRIPTORS

Gender _____ Hair _____ Height _____ Weight _____ Eyes _____

Address (Home / Work / Other) _____

City _____ State _____ Zip _____

Country _____ Cell Phone _____ Work Phone _____

LOCATION ASSESSMENT

Housing: Tent ☐ structure ☐ lean to ☐ vehicle ☐ mobile home ☐ Clean? Yes ☐ No ☐
 Plumbing? Yes ☐ No ☐

Food and Drink: Available? Yes ☐ No ☐ Sufficient? Yes ☐ No ☐

Hygiene / Clothing: Clean ☐ Dirty ☐ Insufficient for conditions ☐

Toilet: Toilet ☐ outhouse ☐ open pit ☐ no facilities ☐ uncovered waste ☐

Physical Location and / or Surroundings: Address/APN or GPS coordinates: _____
 Clean and safe ☐ trash collection ☐ trash spread out ☐ dangerous conditions (e.g. exposure and / or use of hazardous chemicals) ☐ other ☐

Physical Security: Keep workers in ☐ keep others out ☐ remote ☐ lack of communications ☐

Transportation: Usable vehicles on site? Car ☐ motorcycle ☐ scooter ☐ bicycle ☐ other ☐ none ☐
 Approximate time & distance for emergency medical assistance: _____
 Are the workers effectively restrained by lack of transportation? Yes ☐ No ☐

PERSON ASSESSMENT (continued on back)

1. Have you been hurt or injured? Yes ☐ No ☐ Do you need medical attention? Yes ☐ No ☐
2. Are you hungry or thirsty? Yes ☐ No ☐
3. Have you had enough food to eat, water to drink? Yes ☐ No ☐
4. How do you get food / water? Who brings it to you? _____
5. (If children are present) Are children in need of medical help? Yes ☐ No ☐
 Are the children expected to work? Yes ☐ No ☐
 Do the children do any work? If so, what type? _____
6. What is your job / position / role here? _____
7. How long have you been working at this site? _____
8. How did you get to this site? _____
9. What is your work schedule / Do you get days off? _____
10. Do you know where you are (i.e., state, region, county, near a city, or unknown)? _____

Human Trafficking Screening Tool

PERSON ASSESSMENT (continued)

11. Do you have a phone? Yes ☐ No ☐
12. (If "No") Did you have a phone? Yes ☐ No ☐ Was it taken from you? Yes ☐ No ☐
13. How did you get or find this job / Who gave you this job / Name of contact? _____
14. How did you get to this place / Where did you come from / Where else have you been / Who brought you to this place? _____
15. Who is your boss / who do you report to / who is in charge here? _____
16. How long have you been in the United States? _____
17. Is this your first time to the United States / How many times have you crossed the border / entered the United States / Where did you cross the border? _____
18. Are you allowed to leave this location for any reason? Yes ☐ No ☐
19. Where would you like to go? _____

Evidence of Force Questions:

1. Did anyone you work for force you to do something you didn't want to do? Yes ☐ No ☐
2. Did anyone lock you up, restrain you, or prevent you from leaving? Yes ☐ No ☐
3. Did anyone physically harm you in any way (beat, slap, kick, etc.)? Yes ☐ No ☐

Evidence of Fraud Questions:

1. Did anyone you work for trick you into doing different work than was promised? Yes ☐ No ☐
2. Did anyone make you sign a document without understanding what it stated? Yes ☐ No ☐
3. Did anyone refuse to pay you, or pay you less than promised? Yes ☐ No ☐
4. How are you being paid (how much, was there an agreement prior to coming here)? _____

Evidence of Coercion Questions:

1. Did your employer restrict/control where you went or who you talked to? Yes ☐ No ☐
2. Were you deprived you of sleep, food, water, or medical care? Yes ☐ No ☐
3. Were you allowed to contact family or friends, even when you weren't working? Yes ☐ No ☐
4. Can you keep all or most of your pay? Yes ☐ No ☐
5. What is your rate of pay / how much money do you expect to be paid? _____
6. Have you been paid what you were promised, and when you expected? Yes ☐ No ☐
7. Do you have any identification documents? Yes ☐ No ☐
8. Do you have access to your documents? Yes ☐ No ☐ Where are they stored? _____
9. Has anyone threatened to deport you or report you to immigration / police? Yes ☐ No ☐
10. Did anyone threaten to harm you, your family, or your pet (if applicable)? Yes ☐ No ☐
11. Did anyone physically harm or threaten to harm a co-worker or friend? Yes ☐ No ☐

Evidence of Commercial (Sex Exploitation / Trafficking):

1. Did anyone force you to do anything sexual against your will? Yes ☐ No ☐
2. Did anyone force you to engage in sex acts for money? Yes ☐ No ☐
3. Did anyone pressure you to engage in sex acts and take photos or videos? Yes ☐ No ☐
4. Did anyone force you to have sex in exchange for safety, food, clothing? Yes ☐ No ☐

Do you think this person is a victim of human trafficking? Yes ☐ No ☐ Possible ☐