Personalized Safety Plan

1. When I have to see ______________, I can ____________________.

2. When I talk on the phone with ______________, I can ____________________.

3. I can make up a "code word" for my family, co-workers, friends and counselor so they know when to call for help for me. My code word is ____________________.

4. When I feel a fight coming on, I will try to move to a place that is lowest risk for getting hurt, such as ____________________ (at work), ____________________ (at home) or ____________________ (in public).

5. I can tell my family, co-workers, boss, counselor or a friend about my situation. I feel safe telling ____________________.

6. I can screen my calls, texts, emails, and visitors. I have the right to not receive harassing phone calls, texts or emails. I can ask friends, family members or co-workers to help me screen my contacts. I can ask these people for help: ____________________.

7. I can call any of the following people for assistance or support if necessary and ask them to call the police if they see ____________________ harassing me.
   
   Friend: ____________________
   
   Relative: ____________________
   
   Co-worker: ____________________
   
   Counselor: ____________________
   
   Shelter: ____________________
   
   Other: ____________________

8. When leaving work, I can ____________________.

9. When walking, riding, or driving home, if problems occur, I can ____________________.

10. I can attend a support group with the Domestic Violence program, like ____________________.

11. Contact Information I Need To Have:
   
   Police Department: ____________________  Domestic Violence Program: ____________________
   
   Sexual Assault Program: ____________________  Attorney: ____________________
   
   Counselor: ____________________  Spiritual Support/Clergy: ____________________
   
   Probation Officer: ____________________  Other: ____________________

Source: https://ncadv.org/personalized-safety-plan