Stalking Incident Log

Personal Information

Name: _____ Date: _____

Location of Incident: _____

1. INCIDENT DETAILS

Time of Incident: _____

Type of Stalking Behavior (Check all that apply):

[ ] In-person following [ ] Unwanted communication (calls, texts, emails, social media)

[ ] Property damage or tampering [ ] Cyberstalking (hacking, tracking, impersonation)

[ ] Surveillance (being watched, tracked) [ ] Threats or intimidation

[ ] Third-party involvement (stalker using others to contact you) [ ] Other: _____

What Happened? (Describe in detail):

_____

_____

Were there any witnesses? [ ] Yes (Names/Contact Info: _____) [ ] No

Did you report this incident? [ ] Yes (To whom: _____) [ ] No (Reason: _____)

Evidence Collected: [ ] Screenshots [ ] Photos/Videos [ ] Police Report #: _____ [ ] Other: _____

2. EMOTIONAL IMPACT & WELL-BEING

How did this incident make you feel? (Check all that apply):

[ ] Anxious/Panicked [ ] Helpless/Powerless [ ] Angry/Frustrated [ ] Violated/Exposed

[ ] Hopeless/Defeated [ ] Confused/Disoriented [ ] Numb/Emotionally Shut Down

[ ] Hypervigilant/On Edge [ ] Sad/Depressed [ ] Other: _____

How did this incident affect your daily life? (Check all that apply):

[ ] Avoided certain places [ ] Changed routine/schedule [ ] Had trouble sleeping/eating

[ ] Needed extra support from loved ones [ ] Had difficulty concentrating/working

[ ] Other: _____

What helped you cope after this incident? (Check all that apply):

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[ ] Talking to someone I trust [ ] Practicing grounding techniques [ ] Writing about my emotions

[ ] Engaging in self-care (e.g., bath, music, exercise) [ ] Taking legal/safety measures

[ ] Other: _____

3. NEXT STEPS & ACTION PLAN

What steps will you take to protect yourself moving forward? (Check all that apply):

[ ] Update my safety plan [ ] Block/report the stalker [ ] Alert a trusted friend/family member

[ ] Contact authorities/legal support [ ] Seek counseling or emotional support [ ] Other: _____

Personal Notes/Reflections:

_____

_____