

Incident Report

Date/Time of Incident: _____

Location of Incident / Program: _____

Type of Incident:

- | | |
|---|--|
| <input type="checkbox"/> General policy violation | <input type="checkbox"/> Adult-to-Minor boundary violation |
| <input type="checkbox"/> Verbal assault | <input type="checkbox"/> Adult-to-Minor sexual abuse |
| <input type="checkbox"/> Physical assault | <input type="checkbox"/> Minor-to-Minor sexual activity |
| <input type="checkbox"/> Bullying/Hazing | <input type="checkbox"/> Other: _____ |

Name/Role of Program Staff Involved:

Name/Role of Witnesses:

Describe the Incident:

Describe the Response of Program Staff:

Date of Notification (if applicable):

_____ Parents

_____ Program Director

_____ Law enforcement - case # _____

_____ Child protective services - case # _____

Submitted by (Name/Role): _____

Signature: _____ **Date:** _____

PROGRAM STAFF OR DIRECTOR TO COMPLETE WHAT FOLLOWS:

Describe the Response/Corrective Action (for example, follow up with Parents, notify law enforcement or child protective services, notify the Board of Directors, review with person reporting the incident, interview additional Program Staff, disciplinary action for the person involved, increase or revise monitoring and supervision of Program involved, review policies and training for any amendments needed, etc.)

Submitted by (Print Name/Role):

Signature: _____ **Date:** _____