

Incident Report

Date/Time of Incident: _____

Location of Incident / Activity: _____

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 Personnel of the Prelature Involved:

Name/Role of Witnesses:

Describe the Incident:

Describe the Response of Personnel of the Prelature:

Date of Notification (if applicable):

_____ Parents

_____ Safe Environment Coordinator (Provide copy of fully completed Incident Report)

_____ Law enforcement - case # _____

_____ Child protective services - case # _____

Submitted by (Name/Role): _____

Signature: _____ **Date:** _____

PERSONNEL OF THE PRELATURE OR ACTIVITY 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 Safe Environment Coordinator, review with person reporting the incident, interview additional Personnel of the Prelature, disciplinary action for the person involved, increase or revise monitoring and supervision of activity involved, review policies and training for any amendments needed, etc...)

Submitted by (Print Name/Role):

Signature: _____ **Date:** _____