

## Incident Report

*This form is to be completed by the person witnessing an incident involving questionable behavior involving a worker with a child or youth*

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Name of child/youth involved: \_\_\_\_\_

Address of child/youth: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Parent or guardian: \_\_\_\_\_

Name of persons witnessing the incident:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print name of person filing report: \_\_\_\_\_

\_\_\_\_\_

Signature

Date