

Incident Report

Date/Time of Incident: _____

Location of Incident / Program: _____

Type of Incident:

- | | |
|--------------------------------|---|
| _____ General policy violation | _____ Adult-to-minor boundary violation |
| _____ Verbal assault | _____ Adult-to-minor sexual abuse |
| _____ Physical assault | _____ Minor-to-minor sexual activity |
| _____ Bullying/Hazing | _____ Other: _____ |

Name/Role of Program Staff Involved:

Name/Role of Witnesses:

Describe the Incident:

Describe the Response of Program Staff:

