Incident Report Date/Time of Incident: Location of Incident / Program: **Type of Incident:** General policy violation Adult-to-minor boundary violation Adult-to-minor sexual abuse Verbal assault ____ Minor-to-minor sexual activity Physical assault _____ Bullying/Hazing ____ Other: ____ Name/Role of Program Staff Involved: Name/Role of Witnesses: **Describe the Incident: Describe the Response of Program Staff:**

Date of Not	tification (if applicable):	
	_ Parents	
	_ Program Director	
	_ Law enforcement - case #	
	_ Child protective services - case #	
Submitted	by (Name/Role):	
Signature:	Date:	
PROGRAM	M STAFF OR DIRECTOR TO COMPLETE WHAT FOLL	<u>OWS</u> :
enforcement reporting the involved, in	to child protective services, notify the Board of Directors, review incident, interview additional Program Staff, disciplinary actions are are revised monitoring and supervision of program involved any amendments needed, etc)	ew with person on for the person
Submitted 1	by (Print Name/Role):	
Signature:	Date:	