## **Confidential Incident Report**

| Name of Person Reporting           |
|------------------------------------|
|                                    |
|                                    |
| Role at Organization               |
|                                    |
| Date of Incident                   |
|                                    |
|                                    |
| Time of Incident                   |
|                                    |
|                                    |
| Location of Incident               |
|                                    |
| People Involved (Names and Roles)  |
|                                    |
|                                    |
|                                    |
| Description of Incident            |
|                                    |
|                                    |
| Actions Taken (if any)             |
| Actions taken (it any)             |
|                                    |
|                                    |
| Witnesses (Names and Contact Info) |
|                                    |
|                                    |
|                                    |
| Additional Comments/Information    |
|                                    |
|                                    |

| Date Reported              |      |  |  |
|----------------------------|------|--|--|
|                            |      |  |  |
|                            |      |  |  |
|                            |      |  |  |
|                            | 13   |  |  |
| Contact Information (optio | nal) |  |  |
| Contact Information (optio | nal) |  |  |