## Nonprofit Staff Misconduct Incident Report

| Date of Report                           |  |
|--|--|
|  |  |
| Your Name & Position                     |  |
|  |  |
|  |  |
| Contact Information                      |  |
|  |  |
|  |  |
|  |  |
| Date of Incident                         |  |
|  |  |
| Location of Incident                     |  |
|  |  |
|  |  |
| Individuals Involved (Names & Positions) |  |
|  |  |
|  |  |
| Detailed Description of Incident         |  |
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|  |  |
| Witnesses (if any)                       |  |
|  |  |
|  |  |
| Immediate Actions Taken                  |  |
| Initiodate Actions Taken                 |  |
|  |  |
|  |  |
| Suggested Next Steps / Follow-up Actions |  |
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**Additional Comments**