



INCIDENT DOCUMENTATION FORM:
All information will be kept strictly confidential

When any abuse is suspected, the youth or parents are encouraged to report their concerns. Please return this completed form to the Administrative Council.

Student's name _____ Today's date _____

Leader's name _____

Name of other adults present

Date of incident _____ Time of incident _____ Place of incident _____

Description of problem (Be specific and factual):

FOLLOW-UP ACTION TAKEN BY Administrative Council:
