



DISTRICT 6440 YOUTH PROTECTION INCIDENT REPORT

CONTACT INFORMATION FOR ALLEGED VICTIM

Name: _____

Address: _____

Current age: _____ Date of birth: _____ Male Female

Phone number: (____) _____ - _____ Email: _____

Activity: Youth Exchange RYLA Interact Other: _____

Name of parent or guardian: _____

Address if different: _____

Phone number: (____) _____ - _____ Email: _____

Association with Rotary, if any: _____

INCIDENT DESCRIPTION

Incident Date(s): _____

Age of alleged victim at the time of the incident: _____

Location(s) where incident took place: _____

Circumstances and nature of alleged misconduct including the frequency and duration:

Is there other relevant evidence (e.g., photos, documents, recordings, witness statements)? Yes No

If yes, what and where is it (attach if possible) _____

CONTACT INFORMATION FOR THE PERSON WHO ALLEGEDLY COMMITTED THE MISCONDUCT:

Name:

Address:

Current age: _____ Date of birth: _____ Male Female

Phone number: (____) _____ - _____ Email: _____

Association with Rotary, if any: _____

CONTACT INFORMATION OF WITNESSES OR INDIVIDUALS PRESENT DURING THE INCIDENT:

Name:

Address:

Phone number: (____) _____ - _____ Email: _____

Name:

Address:

Phone number: (____) _____ - _____ Email: _____

Name:

Address:

Phone number: (____) _____ - _____ Email: _____

CONTACT INFORMATION OF THE INDIVIDUAL(S) TO WHOM THE INCIDENT WAS REPORTED:

Name:

Address:

Phone number: (____) _____ - _____ Email: _____

Association with Rotary, if any: _____
