

## Step 8 - Incident Report for Serious Accusations

\*\*\*Please realize this report contains sensitive and confidential material; therefore each person reporting on this incident is entitled to complete confidentiality regarding their report. When completed, this report should be signed and sealed in an envelope marked CONFIDENTIAL and mailed to the Rosary Apostolate, Inc. Head Office or delivered in person.

Rosary Apostolate Region Name: \_\_\_\_\_

Name of Person Accused: \_\_\_\_\_

Position Held: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

School Telephone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

School Email: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Name of student or person involved: \_\_\_\_\_

Name of student or person making the accusation: \_\_\_\_\_

Date of incident:     Day \_\_\_\_\_     Month \_\_\_\_\_     Year \_\_\_\_\_

Time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Who witnessed this incident? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Nature of Misconduct

Checkmark only those of which the volunteer is accused.

#### Verbal Harassment:

- Verbal threats towards person or property
- Use of vulgar or profane language towards others
- Disparaging or derogatory comments or slurs
- Offensive sexual flirtations and propositions
- Verbal intimidation
- Exaggerated criticism and name-calling

OTHER: \_\_\_\_\_

#### Physical Harassment: Any physical assault, such as,

- hitting,  kicking,  pushing,  holding,  striking with an object,
- impeding or blocking the movement of another person,  touching,  tickling
- hugging,  kissing,  squeezing,  physical sexual assault

OTHER: \_\_\_\_\_

## Step 3 - Incident Report for Serious Accusations

### Visual Harassment:

- Derogatory or offensive posters
- cartoons
- publications
- pictures or drawings

OTHER: \_\_\_\_\_

### Prohibited items on School Property, Playgrounds & Parking Lots:

- Any type of fire arms \_\_\_\_\_
- Switchblade knives & knives with a blade longer than 5 inches
- Dangerous chemicals
- Explosives including blasting caps
- Chains
- Any object carried for the purpose of hurting or intimidating

OTHER: \_\_\_\_\_

### 1. Please describe the type of complaint you received:

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### 2. Please indicate the date \_\_\_\_\_ and time \_\_\_\_\_ you received this complaint.

### 3. Please indicate the person, parent, student or teacher who brought this complaint to your attention: \_\_\_\_\_

### 4. Other comments you would like to make regarding this complaint. (If required, please attach a second sheet of paper with more details. Please date and sign each additional sheet.)

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### 5. Do you suspect or have reason to believe this may be a false accusation?

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Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_