

Youth Protection/Membership Incident Information Form

(Allegations of abuse, violations of BSA guidelines or policies, inappropriate behavior by a Scout/Scout leader/parent/other)

Please forward this Incident Information Form and supportive documentation to the Scout executive as soon as practical.

Submitting this form to the Scout executive does not eliminate/discharge your responsibility to immediately stop the behavior at issue and to protect the youth, nor your mandatory reporting of child abuse obligations imposed by state law or the BSA's mandatory reporting of child abuse policy.

Incident date: _____ Date incident reported to council: _____

Council/BSA location where incident occurred (if applicable): _____

Incident address: _____
City State Zip

Report type: Suspicion/allegation of abuse BSA policy or guideline violation(s)

Other inappropriate behavior by a Scout/Scout leader/parent/other

Details of incident: What alleged victim/target/injured party said, what reporter observed/was told, similar or past incidents involving the victim(s)/target(s)/injured party (parties) or violator(s)/offenders(s), etc.

PERSON FILLING OUT THIS FORM: _____

Scouting position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): Primary _____ Alternate _____

Email: _____

PERSON WHO REPORTED THIS INCIDENT: _____

Scouting position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): Primary _____ Alternate _____

Email: _____

The supplemental information sheet can be used to identify other witnesses.

Alleged Victim/Target/Injured Party Information:

Adult Youth Registered Other

_____ Council _____ Unit _____ Chartered organization

_____ Name _____ DOB _____ Age _____ Gender _____

If a youth, parent(s) information: _____
 _____ Name

Address: _____
 _____ City _____ State _____ Zip _____

Phone(s): _____ Email: _____
 _____ Primary _____ Alternate

Parent notified? Yes No if yes, by whom? _____ Date/Time _____

Alleged Policy Violator/Offender Information:

Adult Youth Registered Other

_____ Council _____ Unit _____ Chartered organization

_____ Name _____ DOB _____ Age _____ Gender _____

If a youth, parent(s) information: _____
 _____ Name

Address: _____
 _____ City _____ State _____ Zip _____

Phone(s): _____ Email: _____
 _____ Primary _____ Alternate

Parent notified? Yes No if yes, by whom? _____ Date/Time _____

Reports:

Was this incident reported to law enforcement? Yes No I don't know

Name of law enforcement agency: _____

Date reported: _____ Approximate time reported: _____

If applicable, was appropriate children and family services/Child Protective Services agency notified?

Yes No I don't know

Name of agency: _____

Date reported: _____ Approximate time reported: _____

Use the Supplemental Information sheet to include additional details.

