

MISCONDUCT

REPORTING PROCEDURE AND FORM



CHILD



CALL 911
IF EMERGENCY



HUMAN
RESOURCES



CALL
816.383.5100



EMAIL
bkelly@angus.org



COMPLETE
THE FORM

MISCONDUCT REPORTING FORM

TODAY'S DATE: _____
month *day* *year*



REPORTER DETAILS

YOUR NAME: _____ PHONE NO. _____
first *last* *work*

PHONE NO. _____ EMAIL: _____
cell *personal*

RELATIONSHIP: SELF PARENT/FAMILY FACILITATOR OTHER _____
explain

INFO SOURCE: SELF CHILD/FAMILY WITNESS OTHER _____
explain

PEOPLE INVOLVED

NAME OF ALLEGED VICTIM: _____
first *last* *title/status*

first *last* *title/status*

first *last* *title/status*

NAME OF ALLEGED WITNESS(ES), IF KNOWN: _____
first *last* *title/status*

first *last* *title/status*

first *last* *title/status*

NAME OF ALLEGED OFFENDER(S), IF KNOWN: _____
first *last* *title/status*

first *last* *title/status*

first *last* *title/status*

INCIDENT TYPE: VIOLENCE HARASSMENT SEXUAL HARASSMENT
BULLYING/CYBER BULLYING OTHER _____
explain

INCIDENT DETAILS: *Briefly describe the incident. Attach a separate sheet if necessary.*

INCIDENT LOCATION: _____ INCIDENT DATE: _____ INCIDENT TIME: _____
event name, place mm/dd/yyyy xx:xx am/pm

INJURIES: YES NO IMMEDIATE ACTION TAKEN: YES NO

IMMEDIATE ACTION: *If yes, briefly describe immediate action taken.*

ADDITIONAL INFO: *Provide any additional information you feel is important..*

I CERTIFY THIS INFORMATION IS TRUE, ACCURATE AND COMPLETE TO IT'S FULLEST EXTENT.

SIGNATURE: _____ DATE: _____
full name mm/dd/yyyy

The American Angus Association Human Resources Department will be in touch with further information regarding your form and additional steps required.