

Youth Protection/Membership Infraction Reporting Tool

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

***All Fields Are Required**

Submitting this Youth Protection/ Membership Infraction Reporting tool does not eliminate your responsibility to immediately stop the behavior at issue and to protect the youth nor your obligations under BSA's mandatory reporting of child abuse and any other obligations imposed by state law.

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: _____

Duplicate as needed.

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: _____

Attachments such as photos, statements, and this incident report form can be added during online entry and are helpful.

Return this completed form to your council's designated user for entry, or upload into Riskconnect.