Youth Protection/Membership Infraction Incident Information Form

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

Return the completed form to your council's designated user for entry, or upload to Riskonnect.

Submitting this form (in hard copy or through the online reporting system) 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 reporte	Date incident reported to council:			
Council/BSA location where incident occurred	(if applicable):				
Incident address:					
	City	State	Zip		
Report type: D Suspicion/allegation of abuse	BSA policy or g	uideline violation(s)			
Other inappropriate behavior 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:		
Phone(s): Primary	Alternate	
Email:		
PERSON WHO REPORTED THIS INCIDE		
Address:		
City:		
Phone(s): Primary	Alternate	
Email:		

Duplicate as needed.

Alleged V	/ictim/Target/	/Injured Party In	formation:			
🖵 Adult	Youth	Registered	Cher Other			
	Council		Unit	Chartered organization		
	١	Name		DOB	Age	Gender
lf a youth, p	arent(s) informati	ion:				
				Name		
Address:			City		State	Zip
Phone(s).			F	mail [.]		
	Primary		ernate			
Parent notifi	rrent notified? 🗳 Yes 🗳 No 🛛 if yes, by whom?			Date/Time		
	loliov Violatov	r/Offender Inform	nation			
_	_					
🖵 Adult	Youth	Registered	Generation Other			
Council		Unit	Chartered organization			
	١	Name		DOB	Age	Gender
lf a youth, p	arent(s) informati	ion:				
				Name		
Address:			City		State	Zip
Phone(s):				mail [.]		
	Primary		ernate			
Parent notifi	ied? 🗳 Yes	🖵 No 🛛 if yes, by w	/hom?		Date/Ti	me
Reports:						
-				.		
	•	o law enforcement?				
	-	gency:				
Date reporte	ed:		Ap	proximate time	reported:	
If applicable	e, was appropriat	e children and family	services/Child F	Protective Servi	ces agency notified	1?
🖵 Yes	🗆 No 🔤 I d	on't know				
Name of aq	ency:					
					reported:	
			/YI			

Attachments such as photos, statements, and this incident report can be added during online entry and are helpful. Return this completed form to your council's designated user for entry into the BSA's online reporting system, or upload into Riskonnect.