

## Youth Protection/Membership Infraction Incident Information Form

CONFIDENTIAL

(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 Riskconnect.

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 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.**

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