**CYM Incident Account Form**

**Reporting requirements:**

Separate copies of this form are to be completed by the person allegedly harmed, the person who allegedly caused harm, and all witnesses to the incident.

**This form is to be completed as soon as possible following the incident, and then given to the person with oversight of the situation, or directly submitted to the CMMC Investigating committee (cmmc-inv@quaker.ca) or, if employees are involved, to the Clerk of CYM Personnel Policy Committee (PPC) (**[**personnel-clerk@quaker.ca**](mailto:personnel-clerk@quaker.ca)**)**

These *Incident Account Forms* and the *Incident Report Form* will be used by the CMMC Investigating Committee or employing committee, to determine next steps and implementation of the CYM Violence and Harassment Program. As necessary, this information may be shared with police, insurance, or other bodies.

**Confidentiality:**

We seek to protect each person. We ask persons who are involved in the incident to understand the importance of confidentiality and not to circulate rumours or seek to gain information to which they are not entitled. Inappropriate sharing of information may endanger the integrity of the investigation and may subject those involved to possible lawsuits for defamation of character.

**Incident Account Form**

**Personal information**

|  |  |
| --- | --- |
| Name: | |
| Position (if any): | |
| Phone: | Email: |
| Date and time of completing this form: | |

**Information on the incident** (use additional sheet[s] as necessary)

|  |  |
| --- | --- |
| Time and Date of incident: | |
| Location of incident: | |
| My experience was as a:  ☐ Person allegedly harmed  ☐ A person who allegedly caused harm  ☐ Witness | Relationship (if any) to:  - Person allegedly harmed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  - Person who allegedly caused harm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **What happened immediately prior to the incident that precipitated this report?** | |
| **Who visually witnessed the incident(s)?** | |
| **Describe the incident/situation in detail** (note type of incident – ex. push, shove, threat, comment, etc.; describe incident in detail including what happened, who was involved, what you heard, saw, etc.) | |

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**Signature of person who completed form Date**