**CYM Incident Reporting Form**

**First steps following an incident:**

* Ensure everyone is safe (if possible).
* If anyone requires medical attention, call for help (911).
* Provide support to all
* Provide *Incident Account Forms* to the person allegedly harmed, the person who allegedly caused harm, and witnesses to the incident. Ask them to return completed forms to you.
* Contact the CMMC Investigating Committee or the Clerk of CYM Personnel Policy Committee (if employees are involved) to initiate the follow-up.

**Incidents that must be reported to the police:** Reporting requirements may vary from province to province, but generally include:

* when an act of violence has occurred in the workplace or when someone in the workplace is threatened with violence
* when an act of violence results in an injury
* when a child (under 18 years of age) has been abused (see *Safe Nurture of Children in our Care*)

**Reporting requirements:**

Section A of this form *(“Incident Reporting Form”)* is to be completed by the relevant clerk for the location where the incident occurred.

Section B and C are to be completed by the CMMC Investigating Committee or Clerk of CYM Personnel Policy Committee (PPC) (if employees are involved).

This *Incident Reporting Form* and the *Incident Account Forms* will be used by the CMMC Investigating Committee and/or PPC, 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.

Those directly involved in the investigation of the incident are expected to keep confidential the information that is gained through their work, except as may be necessary to fulfill their investigative mandate, to maintain safety, or to implement the terms of any agreed upon actions following investigation. Inappropriate sharing of information may endanger the integrity of the investigation and may subject those involved to possible lawsuits for defamation of character.

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 Reporting Form**

**Section A: Incident-specific information**

**Information on person completing Section A**

|  |  |
| --- | --- |
| Name: | |
| Committee/position: | |
| Phone: | Email: |
| Date and time of completion of this report: | |

***Note:*** *Please provide the person allegedly harmed, the person who allegedly caused harm (one who allegedly committed violence or harassment), and all witnesses with the Incident Account Form promptly following the incident. Collect completed forms and send a.s.a.p. to the CMMC Investigating Committee (*cmmc-inv@quaker.ca*) or, if employees are involved, to the Clerk of Personnel Policy Committee* ([personnel-clerk@quaker.ca](mailto:personnel-clerk@quaker.ca)).

**Individuals directly involved in incident** (use additional sheet[s] as necessary)

|  |  |
| --- | --- |
| Person allegedly harmed: | Person allegedly causing harm: |
| Employee, volunteer?: | Employee, volunteer?: |
| Phone: | Phone: |
| E-mail: | E-mail: |
| Relationship to person who allegedly caused harm: | Relationship to person allegedly harmed: |

**Witnesses to the incident** (use additional sheet[s] as necessary)

|  |  |
| --- | --- |
| Witness #1: | Phone or email: |
| Relationship to person who allegedly caused harm: | Relationship to person allegedly harmed: |
| Witness #2: | Phone or email: |
| Relationship to person who allegedly caused harm: | Relationship to person allegedly harmed: |
| Witness #3: | Phone or email: |
| Relationship to person who allegedly caused harm: | Relationship to person allegedly harmed: |
| Witness #4: | Phone or email: |
| Relationship to person who allegedly caused harm: | Relationship to person allegedly harmed: |

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

|  |  |
| --- | --- |
| Time and Date of incident: | |
| Location of incident: | |
| What happened immediately prior to the incident? | |
| Briefly describe the incident/situation (if a witness, also complete *Incident Account Form*): | |
| **Action taken following incident:** | |
| Contacted police? | Name of officer: |
| Contact information: | |
| Contacted EMS? | Name of EMT: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of person who completed Section A Date Incident Reporting Form**

**Section B: Incident-specific information**

This section is to be completed by the CMMC Investigating Committee or, if applicable, the Clerk of CYM Personnel Policy Committee (PPC).

**Information on person completing Section B**

|  |  |
| --- | --- |
| Name: | |
| Position: | |
| Phone: | Email: |
| Date and time of receipt of Section A of Incident Reporting Form: | |

**Support services**

**Person allegedly harmed**

|  |
| --- |
| Committee of Care (C of C) notified, or in place? |
| Members of C of C: |
| Contact number/email of clerk of C of C: |
| Was the individual referred to counseling? If accepted, provide details on how costs are being addressed. |

**Person who allegedly caused harm**

|  |
| --- |
| Committee of Care (C of C) notified, or in place? |
| Members of C of C: |
| Contact number/email of clerk of C of C: |
| Was the individual referred to counseling? If accepted, provide details on how costs are being addressed. |
| Has the individual been involved in previous incidents of violence or harassment? If so, provide brief summary. |
| Has the individual engaged in a Restorative Justice Process? Comments: |
| What consequences or boundaries have been put in place? |

**Incident Reporting Form**

**Section C: Checklist** (completed by Investigating Committee)

|  |  |  |
| --- | --- | --- |
| **Action item** | **Yes (date)** | **No** |
| Received Section A of Incident Reporting Form (within 24 hours)? |  |  |
| Received Incident Account Forms (within 24 hours)? *(appended)* |  |  |
| - person allegedly harmed? |  |  |
| - person who allegedly caused harm? |  |  |
| - witnesses? |  |  |
| Notified Clerks of CYM, Clerk of Trustees? (within 48 hours) |  |  |
| Convened investigating committee? (w/i 48 hours) |  |  |
| Initiated Committees of Care? |  |  |
| Updated Clerks of CYM & Trustees on actions by investigating committee? |  |  |
| Determined boundaries or consequences for person who caused harm? |  |  |
| Restorative Justice offered(by CMMC or PPC clerk) to person allegedly harmed and person who allegedly caused harm ? |  |  |
| * If accepted, provide name and contact information of facilitator, date of meeting(s). *(Final agreement between parties to be appended)*: |  |  |
| Conduct evaluation process\*\*? |  |  |
| Forward evaluation report to CYM Clerks, Clerk of Trustees *(to be appended to completed Incident Reporting Form)* |  |  |

**Issues to be addressed by the investigating committee:**

* support for those involved addressed (including contacting Committee of Care)
* determine boundaries or consequences (incl. suspension, leave, counseling, program of action to comply with workplace safety, termination)
* next steps with victim and witnesses identified (including Committees of Care, counseling, update on actions taken, offer opportunity of restorative justice process)

Investigating committees must update the Clerk of CYM, the Clerk of Trustees on the following:

* Person who allegedly caused harm:

Committee of Care?

Counseling needed?

Boundaries and consequences communicated in writing.

* Person allegedly harmed:

Committee of Care?

Counseling needed?

Update on actions.

* Witnesses:

Committee of Care or other support?

Counseling required?

Update on actions.

**\*\* Information for evaluation process by investigating committee**

To be completed if possible within three months:

* What worked, needs improvement or changing?
* Sense of satisfaction by those affected?
* Steps taken to prevent recurrence?
* Other recommendations?
* Evaluation Report to be sent to Clerk of CYM, Clerk of Trustees

**Filing of information:**

This form and supporting documents are to be filed in the employee’s personnel file, if relevant, or in the CYM national office.