



# Girl Scouts®

Girl Scouts of the Fox River Area, Inc.

## INCIDENT REPORT

---

Sensitive issues occur in everyday life. You may have to deal with them as you represent the Girl Scouts of the Fox River Area, Inc. in your capacity as a volunteer or staff member.

**An Incident Report should be completed as soon as possible, but within 24 hours following the occurrence.** This will enable the council to respond to a sensitive situation effectively. If appropriate, the council staff or the authorities will initiate further investigation or intervention.

**Reportable sensitive incidents include, but are not limited to:**

- An estranged parent makes an unusual appearance at a troop meeting wanting to visit with his/her child.
- A Girl Scout reveals an abuse episode to her leader.
- A stranger confronts Girl Scouts on a field trip and makes a suggestive or inappropriate remark or exhibits unusual behavior.
- A camper has displayed inappropriate behavior or expressed extreme emotions with tent mates.

**Please complete the Incident Report as accurately as possible.**

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_ a.m.  or p.m.   
 Name of **victim(s)** \_\_\_\_\_ Age(s) \_\_\_\_\_  
 Name of person filling out report \_\_\_\_\_  
 Role/Position \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Provide a brief description of the incident**

*What happened? How did it happen? Where did it happen? Who was involved?*

**Was there damage to persons or property?**  Yes  No  
 If yes, please describe \_\_\_\_\_

**(OVER)**

**Were authorities contacted?**

*(police, school officials, social services, etc.)*

Yes  No

Who was contacted?

When?

By whom?

Who was contacted?

When?

By whom?

**Were parents contacted?**

Yes  No

Who was contacted?

When?

By whom?

Who was contacted?

When?

By whom?

**Is additional follow up needed?**

Yes  No

If yes, what and by whom?

**Additional Remarks:**

**This is confidential information and it should not be discussed with anyone other than the proper authorities and appropriate Girl Scout staff.**

**Return this form in a sealed envelope clearly labeled "CONFIDENTIAL" to:**

Girl Scouts of the Fox River Area, Inc., Attn: CEO, 4693 N. Lyndale Drive, Appleton, WI 54913-9614

**For office use only**

**Copies to:** \_\_\_GSUSA \_\_\_Council attorney \_\_\_Council files \_\_\_Camp Birch Trails