



Incident Report Form

PURPOSE: This Incident Report Form is provided pursuant to The Campagna Center’s Title IX Policy and Procedures and its policies concerning child abuse, neglect, or molestation. Anyone may report sex discrimination, including sexual harassment, as defined in the Title IX Policy to the Title IX Coordinator, or any child abuse, neglect, or molestation at any time, even if the person does not use this form. The purpose of this Incident Report Form is to fully inform The Campagna Center of allegations or incidents that violate its policies so that The Campagna Center may take appropriate action. **The Incident Report Form also may serve as a Formal Complaint under the Title IX Policy.**

INSTRUCTIONS: Individuals should complete this form and submit it to the Title IX Coordinator as soon as possible after the occurrence of the alleged incident to allow The Campagna Center to respond promptly. The Title IX Coordinator’s may be contacted at: Chief Program & Operations Officer, *Title IX Coordinator*, 1012 Cameron St., Alexandria, VA 22314, Alexandria, VA 22314, Office: 703-224-2383, Email: TitleIXCoordinator@campagnacenter.org.

1. Name of Complainant / Person Affected: _____

Home Address City/State/Zip Home Phone

Campagna Center Program / Location: _____

2. Name of Respondent (the accused), if applicable: _____

3. Nature of Incident or Complaint: Please describe the action(s) at issue and identify with reasonable particularity any person(s) you believe may be responsible. Please provide as much information as possible. Please attach additional sheets, if necessary:

Please check if you have additional page(s) (*attached to this Incident Report Form*)

4. When did the actions described above occur? (dates) _____

5. Where did the actions described occur? _____

6. Are there any witnesses to this matter?

Yes No If yes, please identify the witness(es):

7. Did you discuss this matter with any of the witnesses identified in Item 7?

Yes No If yes, please identify:

Person to whom you have spoken: _____

Date: _____ Method of communication: _____

8. Have you spoken to any administrator(s) or other Campagna Center staff member(s) about this matter? If yes, please identify:

Person to whom you have spoken: _____

Date: _____ Method of communication _____

Staff Response (if applicable) _____

9. Have the parent(s)/guardian(s) been notified (if applicable)? Yes No

If yes, please identify which parent(s)/guardian(s): _____

Date and Time of notification: _____

Method of notification: _____

10. Please describe below or attach any sources of information that you would like The Campagna Center to consider:

11. If you are the Complainant or the parent/guardian of the Complainant,

would you like to request that The Campagna Center investigate this Complaint? Yes No

12. For reports generated by Campagna Center Staff (Check all that are applicable)

Has CPS been notified? Yes No Date: _____ Time: _____

Has Licensing been notified? Yes No Date: _____ Time: _____

Has City POCs been notified? Yes No Date: _____ Time: _____

Has Federal POC been notified for Early Head Start or Alexandria Family Child Care:

Yes No Date: _____ Time: _____

Has Board Chair been notified Yes No Date: _____ Time: _____

I understand this complaint will be subject to an investigation conducted in accordance with The Campagna Center's policies and procedures.

I certify that the foregoing information is true and correct.

Print Name

Signature

Date