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