

Policy Safety Incident Report

This form should be used to report to the Congregation Ahavas Achim Congregant Safety Committee any violation of the Sexual Abuse Prevention and Response Policy, boundary violations, disclosures of abuse, safety concerns, or other behaviors or allegations of behavior that might jeopardize the safety of any person. Proof or first-hand direct knowledge of a behavior or incident is not necessary to submit this form. The information contained in this report is confidential and will only be shared as part of its discussion regarding the incident with the members of the CSC and legal authorities if so directed.

1. Date/time of incident/behavior _____

2. Location of incident/behavior _____

3. Name of the individual(s) who accidentally or intentionally violated the Child Protection Policy, harmed or potentially harmed a child, or who otherwise engaged in a concerning behavior

4. Name of the victim(s) involved in noted incident

5. Describe, with as many details as possible, the incident/behavior

6. Individual submitting this report:

Printed Name

Signature

Date

Email Address

Cell Phone Number

Please submit this form to the Congregation Ahavas Achim Congregant Safety Committee by emailing it to CongregantSafetyAA@gmail.com, or by dropping it in the slot of the Committee's private, locked mailbox, located on the first floor of the synagogue.