

Be Peace. Choose Peace. Create Peace.

INCIDENT REPORT FORM

Instructions

- 1. Complete Part 1 and Part 2. Write as much as you wish to provide a full report. *Text boxes are set to scroll so that you can enter as much information as you wish. You are not limited by the visible area.*
- 2. Save the document, in PDF format, with the name "Incident Report—Last Name, First Initial-MMDDYYYY."
- 3. Save the completed form to your personal folder (*if you have access to the Peace Through Action files library*) or submit it as an attachment to people@peacethroughaction.org.
- 4. Peace Through Action USA will review your report. We will begin a review of the alleged incident. We will report the findings of our review in Part 3. We will give you an opportunity to respond to our findings in Part 4. If you decline our first response, we *may* propose to initiate an interactive process to explore whether a response can be mutually agreed upon. If both parties agree to an interactive process, we will provide our second response in Part 5 and you will have the opportunity to accept it or decline it in Part 6.
- 5. At all points of this process, you maintain your right to report this incident to appropriate public authorities and/or pursue other avenues of redress available to you.

Reporter Name	Enter your first name, last name, and suffix (<i>if applicable</i>).
Relationship to Peace Through Action USA	Check your relationships with Peace Through Action USA.EmployeeIndependent ContractorVolunteerInternDirectorOfficerPosition ApplicantPosition AlumProgram/Activity Participant or their RepresentativeGeneral PublicOther
Contact Information	Enter your US mail address, email address and telephone number. US Mail Address (<i>Address, City, State, Zip</i>): Email Address: Telephone Number:
Report Date	Enter date on which you are making the report.

PART 1: NAME AND CONTACT INFORMATION

PART 2: QUESTIONS TO DOCUMENT THE INCIDENT

What type of incident are you reporting? (You may select more than one type.)

Alcohol, Tobacco, and Other Drug Violation Discrimination Harassment

Personal Information Protection Violation Safety Wrongdoing Other

When, what time, and where did the incident occur? (*Date(s), time(s), location(s*))

What happened? (*Be as specific as possible*)

Who else was involved in the incident? Provide their name, and relation to Peace Through Action USA (*if known*).

Were there witnesses to the incident? If so, provide their names and contact information (*if known*).

Did you share information about this incident orally or in writing with anyone else at the time that or shortly after it happened? If so, provide their names and contact information (*if known*).

What resolution are you seeking?

If you are not sure what resolution you are seeking, do you have any suggestions about options we can explore? Yes No If "Yes," please suggest.

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Please provide any additional information or attach any supporting documentation that you feel might be useful in our responding to your report.

PART 3: FIRST PROPOSED RESPONSE TO INCIDENT REPORT

Peace Through Action USA proposes the following response to the reported incident.

PART 4: REACTION TO FIRST PROPOSED RESPONSE TO INCIDENT

I accept the incident response Peace Through Action USA proposes in Part 3.

Yes No

If "Yes," both parties consider this incident report resolved. If "No," Peace Through Action USA *may* propose an alternative incident response.

My Typed Name Here Represents My Signature and Date:

Peace Through Action USA Typed Signature and Date:

PART 5: SECOND PROPOSED RESPONSE TO INCIDENT REPORT

Peace Through Action USA proposes the following response to the reported incident.

PART 6: REACTION TO SECOND PROPOSED RESPONSE TO INCIDENT

I accept the incident response Peace Through Action USA proposes in Part 5.

Yes No

If "Yes," both parties consider this incident report resolved. If "No," the incident reporter may pursue other avenues at their disposal to seek resolution to the incident.

My Typed Name Here Represents My Signature: Peace Through Action USA Representative Typed Signature:

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