

## Confidential Notice of Concern

Individual(s) of Concern \_\_\_\_\_

Date of occurrence \_\_\_\_\_

Time of occurrence: \_\_\_\_\_

### *Type of Concern:*

\_\_\_\_\_ Inappropriate behavior with a child or youth

\_\_\_\_\_ Policy violation with a child or youth

\_\_\_\_\_ Possible risk of abuse

\_\_\_\_\_ Other concern: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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Has this situation ever occurred previously? \_\_\_\_\_

What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone number \_\_\_\_\_

Location and address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitted to: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_