



ARMY NATIONAL GUARD

Child & Youth Services

INCIDENT REPORT

EMPLOYEE NAME	
DATE OF REPORT	
WORK EMAIL	
WORK CELL	
OFFICE NUMBER	

DATE OF EVENT	
EVENT LOCATION	
NAME(S) OF INDIVIDUALS INVOLVED (Optional)	

PRIMARY TYPE OF INCIDENT		SECONDARY TYPE OF INCIDENT	
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Utilizing initials of the victim(s), provide a summary of the incident being reported:

NOTE: If additional space is required, please include those comments on a separate sheet of paper and include with final submission

Following notification of the incident, provide a summary of the actions taken by LCYPC/CYPC:

Key Points to Remember:

- As a LCYPC/CYPC you have a legal obligation to report founded or suspected cases of child abuse and/or neglect
- As a LCYPC/CYPC you serve in the role of a mandatory reporter, NOT INVESTIGATOR
- Upon notification of an incident of founded/suspected child abuse and/or neglect, LCYPC/CYPC will make SFPD aware of the situation immediately following a report being made to the proper authorities
- A copy of this report must be submitted to your RAPM following the incident
- In all situations and all incidents, it is better to act on the side of caution than taking no action at all

SIGNATURE OF LCYPC/CYPC	
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