

**POLICIES AND PROCEDURES  
CORNERSTONE COMMUNITY MINISTRIES, INC.**



**Title: Incident Report**

Policy and Procedure Number: 008B  
Effective Date: March 11, 2013  
Revised Date: June 8, 2015  
Approval Authority: Board of Directors

|            |
|------------|
| File Date: |
|------------|

Suspected Violator(s): \_\_\_\_\_

Type of Violation: \_\_\_\_\_

Explain in Detail the nature of the violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Factual observations to support suspected violation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Victim (if any): \_\_\_\_\_

Compliance Officer(s) Filing Report: \_\_\_\_\_

Date(s) of Incident: \_\_\_\_\_ Time(s) of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Reporting party's printed name: \_\_\_\_\_

Reporting party's signature: \_\_\_\_\_ Date: \_\_\_\_\_



Cornerstone Executive Director and/or Board Use Only:

Witness/Reporter #1 Name & Phone # & Date Notified:

\_\_\_\_\_

Witness/Reporter #2 Name & Phone # & Date Notified:

\_\_\_\_\_

Witness/Reporter #3 Name & Phone # & Date Notified:

\_\_\_\_\_

Was money or property of CCM Stolen? No / Yes (If yes, explain): \_\_\_\_\_

\_\_\_\_\_

Were any injuries sustained? No / Yes (If yes, explain): \_\_\_\_\_

\_\_\_\_\_

Were the proper authorities contacted? No / Yes (If yes, who called): \_\_\_\_\_

Did the incident involve any youth? No / Yes (If so, explain): \_\_\_\_\_

\_\_\_\_\_

Were any parents/guardians of youth notified: NA / No / Yes (If yes, name): \_\_\_\_\_

Was suspected violator disciplined? No / Yes

If yes, what discipline was administered?

Was the Board of Directors notified of violation? No / Yes

**(Chairperson) Compliance Officer Printed Name:** \_\_\_\_\_

**(Chairperson) Compliance Officer Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**(Exec. Dir.) Compliance Officer Printed Name:** \_\_\_\_\_

**(Exec. Dir.) Compliance Officer Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**(Note: The Board of Director's Chairperson and CCM's Executive Director are both required to sign this form)**