



CONFIDENTIAL INCIDENT FORM

For Events Organized by the Sierra Pacific Synod

This form should be completed by a person wishing to lodge a complaint. All information will be held securely, and confidentiality will be maintained at all times. It may also be filled out, scanned and emailed to the designated Incident Handling Committee contact person for the event:

General data

Name of the person lodging the complaint: _____

Address: _____

Phone: _____ Email: _____

Name of the person(s) you wish to lodge a complaint against (if known):

Date of incident: _____ Time of incident: _____

Title of Event: _____

Place of incident: _____

Date of reporting: _____ Time of reporting: _____

Was this reported to local authorities, if so, please include officer information and case #.

Signature: _____

Brief description of the incident or concern

What type of violation are you reporting? (Brief) _____

Following the sequence of events from start to finish, please describe what happened. If the incident location is not well known, describe the location based on your memory of it. Include a description of the "subject of complaint" if you do not know their name. If necessary, use additional sheets of paper and note the number of extra pages here: _____pages.



Name of witnesses: (if any)

Supply the names of witnesses and how they can be contacted, if known.

IHC for this event:

- 1) Name _____ Phone _____
Email _____
- 2) Name _____ Phone _____
Email _____

STAFF ONLY:

Person receiving this form: _____

Date received: _____

Assigned to (Name): _____

Date assigned for follow up: _____

Drafted: May 31, 2023

Reviewed by the Synod Council Executive committee as a working draft.