


How to submit:

Hard copy: Complete, sign and provide a copy of the form to the Club's General Manager or one of the two designated members of the Executive
Electronically: Complete, sign, scan and e-mail the form to manager@pcyc.qc.ca with **Incident Reporting – PCYC** in the subject line.

Any submission made by an employee or a member regarding unethical behaviour will be treated on a confidential and anonymous basis, unless required by law or if specifically permitted. Submissions will only be disclosed to those persons who have a need to know in order to properly carry out an investigation of the potential unethical behaviour. Anyone who in good faith reports an unethical behaviour will be protected from threats of retaliation.

	<h1 style="margin: 0;">INCIDENT REPORT</h1>	REFERENCE NUMBER (Office Use)
Title of the Event		
Date of Incident <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: center; align-items: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: center; align-items: center;"> </div> <div style="border: 1px solid black; width: 60px; height: 20px; display: flex; justify-content: center; align-items: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> dd mm yyyy </div>	Time of Incident <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: center; align-items: center;"> </div> : <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: center; align-items: center;"> </div> </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> am pm </div>	
Reporter Name :	Witnesses Name:	
Email :	Name:	
Tel :	Name:	
Location of Incident		
Names of Parties Involved (Identify as member/staff/guest/minor)		
Nature of the incident (Tick all that apply) <div style="display: flex; flex-wrap: wrap; margin-top: 10px;"> <div style="width: 30%;"><input type="checkbox"/> Disruptive Behaviour</div> <div style="width: 30%;"><input type="checkbox"/> Safety or Security Threat</div> <div style="width: 30%;"><input type="checkbox"/> Other</div> <div style="width: 30%;"><input type="checkbox"/> Abusive Disruptive Behaviour</div> <div style="width: 30%;"><input type="checkbox"/> Theft</div> <div style="width: 30%;"><input type="checkbox"/> Vandalism</div> <div style="width: 30%;"><input type="checkbox"/> Threatening Behaviour</div> </div>		
Description of the Event:		
Continue on reverse if needed		
Reporter Signature:	Date:	
I state that I have reported the above incident in good faith and confirm that this constitutes an accurate description of the situation I have witnessed or experienced. I understand that false or misleading statements may lead to disciplinary actions being taken against me.		