## Youth Protection/Membership Infraction Reporting Tool

Allegations of abuse, violations of BSA guidelines or policies, inappropriate behavior by a Scout/Scout leader/parent/other.

## \*All Fields Are Required

Submitting this Youth Protection/ Membership Infraction Reporting tool does not eliminate your responsibility to immediately stop the behavior at issue and to protect the youth nor your obligations under BSA's mandatory reporting of child abuse and any other obligations imposed by state law.

Incident date:	·	Date incident reported to council:			
Council/BSA	location where incident occurred (if a	oplicable):			
Incident addr	ess:				
		City	State	Zip	
Report type:	Suspicion/allegation of abuse	BSA policy or guideline violation	(s)		
	Other inappropriate behavior by a Scout/Scout leader/parent/other				

**Details of incident:** What alleged victim/target/injured party said, what reporter observed/was told, similar or past incidents involving the victim(s)/target(s)/injured party (parties) or violator(s)/offenders(s), etc.

Scouting position:		
Address:		
City:Stat		
Phone(s): Primary		
Email:		
PERSON WHO REPORTED THIS INCIDENT:		
Scouting position:		
Address:		
City:Stat	e:	Zip:
Phone(s): Primary	Alternate	
Email:		

Duplicate as needed.
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PERSON FILLING OUT THIS FORM.

CONFIDENTIAL

Adult Adult	Youth	Registered	Other			
	Council		Unit	Chartered organization		
Name				DOB	Age	Gender
If a youth, parent(s) information:				Name		
Address:						
			City		State	Zip
Phone(s):	Primary	A	E ternate	imail:		
		vhom?	Date/Time		ne	
		Alleged Pol	cy Violator/Off	ender Inform	nation	
Adult Adult	C Youth	Registered	Other			
Council			Unit		Chartered orga	nization
		Name		DOB	Age	Gender
If a youth, par	ent(s) information	on:				
				Name		
Address:			City		State	Zip
Phone(s):			E	mail:		
	Primary		ternate			
Parent notified	d? 🛛 Yes	□ No if yes, by v	vhom?		Date/Tir	ne
			Reports			
Was this incid	lent reported to	law enforcement?	□Yes □No [	I don't know		
Name of law e	enforcement age	ency:				
Date reported	I:		Ар	proximate time I	reported:	
If applicable,	was appropriate	e children and family s	ervices/Child Prot	ective Services	agency notified?	
□ Yes [		don't know				
Name of agen	су:					
					reported:	
•			•	-	-	

Attachments such as photos, statements, and this incident report form can be added during online entry and are helpful. Return this completed form to your council's designated user for entry, or upload into Riskonnect.