

# Youth Protection/Membership Infraction Incident Information Form

(Allegations of abuse, violations of SYM guidelines or policies, inappropriate behavior by an SYM leader/parent/other)

Return the completed form to your SYM Leader and/or to the National SYM Director. Contact information is below.

Submitting this form (in hard copy or through the online reporting system) does not eliminate your responsibility to immediately stop the behavior at issue and to protect the youth nor your obligations under SYM's mandatory reporting of child abuse and any other obligations imposed by state law.

Incident date: \_\_\_\_\_ Date incident reported to: \_\_\_\_\_

SYM or SAM assembly location where incident occurred (if applicable): \_\_\_\_\_

Incident address: \_\_\_\_\_  
City State Zip

Report type:  Suspicion/allegation of abuse  SYM policy or guideline violation(s)  
 Other inappropriate behavior by a SAM member/SYM 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSON FILLING OUT THIS FORM:** \_\_\_\_\_

SYM/SAM position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): Primary \_\_\_\_\_ Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

**PERSON WHO REPORTED THIS INCIDENT:** \_\_\_\_\_

SYM/SAM position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Phone(s): Primary \_\_\_\_\_ Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

