

YOUTH PROTECTION CONFIDENTIAL REPORT OF CONCERN

Grand Assembly of Colorado, IORG

Individual(s) of Concern

Date and Time of Occurrence/Incident

Location of Occurrence/Incident

Type of Concern

- Inappropriate behavior with a child or youth
- Policy violation with a child or youth
- Possible risk of abuse
- Safety Risk
- Other concern: _____

Has the matter already been reported/escalated? If yes, please specify names and dates.

- Assembly Advisory Board: _____
- District/Grand/Supreme Deputy: _____
- Parent(s)/Legal Guardian: _____
- Legal authorities: If so, who and what transpired?

Other: _

Has this or a similar situation ever occurred previously? If so, when and what?

Describe the facts of the current situation in detail and use additional sheets if necessary. Please include details such as the parties that were present, the parties that were involved, etc.

The above information is a true and accurate accounting of the incident, to the best of my knowledge.

Date

Signature of Person Making Report

Printed Name of Person Making Report

**THIS REPORT MUST BE RETAINED BY THE ASSEMBLY ADVISORY BOARD
AND/OR SUPREME OFFICER FOR A PERIOD OF SEVEN (7) YEARS FROM THE
ORIGINAL REPORT DATE**