

# Alaska Club Kink Incident Report

REPORTED BY: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_

TITLE / ROLE: \_\_\_\_\_ TIME: \_\_\_\_\_

## INCIDENT INFORMATION

INCIDENT TYPE: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

### INCIDENT DESCRIPTION (BRIEF SUMMARY)

### INCIDENT THRESHOLD

- Incident has already been handled. Documentation for record keeping only.
- Significant incident involving an injury, Consent Violation Report, destruction of property, theft, etc.
- Emergency services or police were called and arrived at location.

RECEIVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## Instructions:

- This report needs to be completed and submitted to an owner within 48 hours of the incident.
- As you complete the form, be as specific as possible. Use clear descriptions. Avoid opinion or judgment statements.
- Typical incident types include *Boundary violation, consent violation, theft, assault, harassment, inebriation, injury*.
- Typical titles/roles include *member, owner, DM, host, attendee*.
- Select a single incident threshold.
- Use a *Statement Form* for both the reporting party and the reported against (if applicable).
- Use a *Statement Form* for any witness statements. Take down any Witness' description of the incident. Be as specific and detailed as possible.
- If Incident involved Injury/Illness, complete the *Medical* section.
- If the reporting party is unwilling to be contacted further, the incident will be immediately closed.
- The *Follow Up* and *Incident Response* sections (GREEN) will be completed by management.

**PERSONS INVOLVED**

REPORTING PARTY: \_\_\_\_\_ CONTACT: YES NO

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

REPORTED AGAINST: \_\_\_\_\_ CONTACT: YES NO

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FIRST RESPONDER: \_\_\_\_\_ CONTACT: YES NO

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Witnesses (Names & Phone numbers):

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**STATEMENT FORM** – To be completed by the reporting party, reported against, and witnesses. Be specific and detailed.

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**MEDICAL INFORMATION (if applicable)**

*COMPLETE THIS SECTION IF THE INCIDENT INCLUDED MEDICAL CARE.*

DESCRIBE FIRST AID PROVIDED

NAME OF FIRST AID PROVIDER(S): \_\_\_\_\_

PHONE #: \_\_\_\_\_

Was the injured person transported to a medical facility?    Yes    No

TRANSPORTED BY: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

Was the injury a direct result of a problem with the building, room, space or caused by a participant?    YES    NO

If yes, explain:

## FOLLOW UP INFORMATION

Was the *Reporting Party* given resources and support?      Yes   No

Was the *Reporting Against* given resources and support?      Yes   No

Was the *Reporting Against* requested to leave the event/area?      Yes   No

Is further follow up required?   YES   NO

If yes, explain:

What else, if anything, should other staff and volunteers be aware of regarding this incident?

**INCIDENT RESPONSE AND CLOSEOUT**

INCIDENT REVIEW DATE: \_\_\_\_\_

BY: \_\_\_\_\_

Summary response to incident:

Actions taken as part of the follow up:

INCIDENT CLOSED DATE: \_\_\_\_\_

BY: \_\_\_\_\_