

OFFICE USE ONLY | Date Form Completed: _____ Date Form Filed: _____

PEOPLE INVOLVED

PERSON REPORTING INCIDENT

Name _____ Staff Title (if applicable) _____

Phone _____ Email _____

Staff *(Where)* _____ Audience Artist Volunteer

PERSONS HARMED (if different from person reporting)

Name _____

Phone _____ Email _____

Staff *(Where)* _____ Audience Artist Volunteer

WITNESS

Name _____

Phone _____ Email _____

Staff *(Where)* _____ Audience Artist Volunteer

WITNESS (if needed, additional witnesses may be listed on the 'Instructions' page)

Name _____

Phone _____ Email _____

Staff *(Where)* _____ Audience Artist Volunteer

INCIDENT DETAILS

Date of Incident _____ Time _____ Location _____

Mode of Incident _____ Category of Incident (may select more than one)

Verbal	Sexual Identity	Disability
Physical	Racial Identity	National Origin
Graffiti / Property Damage	Religious Identity	Threatening
Cyber / Online	Sexual Orientation	Intimidation

Other _____

RISK ASSESSMENT

Is the victim safe?	Yes	No	Unsure
If so, does the victim need additional support?	Yes	No	Unsure
Were police called?	Yes	No	Unsure
Was a report filed?	Yes	No	Unsure
Did a physical injury result?	Yes	No	Unsure
If yes, was medical attention received?	Yes	No	Unsure
Is this a repeat victim?	Yes	No	Unsure
Is this a repeat perpetrator?	Yes	No	Unsure

NARRATIVE REPORT

Please provide a narrative report of the incident.

FOLLOW UP

Have any follow up and/or actions been taken at this point?

INSTRUCTIONS

1. Fill out this form as complete as possible.
2. Submit to Portland Ovation via Executive & Artistic Director Aimee M. Petrin or Associate Director Casey Oakes.
3. Portland Ovation follows up on all filings.

ADDITIONAL WITNESSES (continued from first page)

WITNESS

Name _____
Phone _____ Email _____
Staff *(Where)* _____ Audience Artist Volunteer

WITNESS

Name _____
Phone _____ Email _____
Staff *(Where)* _____ Audience Artist Volunteer