

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?

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## 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