

Incident Report Form

Date of Incident:	Time of Incident:	Location:
Individual(s) Involved:		Reported By:

Volunteers are encouraged to discuss violations of Shelter rules with those that are non-compliant. If the situation is irresolvable between individuals, then an *Incident Report* can be given to a member of the Accident/Incident Review Board. It is expected that volunteers will model safe and professional conduct at all times. All volunteers are considered at-will and are subject to immediate dismissal at any time, without reason or warning.

Please indicate the type of incident:

- ☐ Failure to abide by guidelines in Volunteer Code of Conduct, Policy and Procedure manual, Parma Animal Shelter Bylaws or the Incident Review Board Process
- ☐ Mistreatment of animals
- ☐ Discourteous or inappropriate conduct with staff, volunteers, or members of the public
- ☐ Failure to follow staff instructions
- ☐ Willful violation of any PAS code of conduct/policy and procedure, or failure to observe safety rules
- ☐ Removing an animal from the shelter without permission
- ☐ Multiple complaints from staff, volunteers, or members of the public
- ☐ Being intoxicated or under the influence of controlled substances or drugs while volunteering
- ☐ The use of inappropriate language
- ☐ Gross misconduct including theft of property or misuse of funds, equipment, donations or materials
- ☐ Breach of confidentiality
- ☐ Falsification of records
- ☐ Illegal, violent, or unsafe acts
- ☐ Violation of harassment policy
- ☐ Failure to report animal or non animal accidents/incidents as soon as they occur
- ☐ Other (please describe) _____

Incident Details

Individual(s) Involved?
What happened?
Why did it occur?
Where did it occur?
When did it occur?

Incident Report Form

How did it occur?
Any witnesses?
Additional Comments?

Incident Review Board findings

Disposition of Incident <ul style="list-style-type: none"><input type="checkbox"/> Verbal warning<input type="checkbox"/> Written warning<input type="checkbox"/> Suspension<input type="checkbox"/> Dismissal<input type="checkbox"/> Other: _____	Signature(s) & Date of Incident Review Board: _____ _____ _____
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