

Tucson Amateur Astronomy Association (TAAA)

Incident Information Form: Abuse, Behavior of Concern

(This form should be completed and sent to the TAAA Board within 24 hours of occurrence. Submitting this form to the TAAA Board does not substitute for your Arizona state law responsibility to report child abuse or to protect the minor. This form is to be used when a minor you are interacting with as a member of TAAA reports that someone is or has been abusing them. This form is also to be used when any TAAA member working with minors on behalf of TAAA is accused of abusing a minor or is observed to be violating TAAA standards for working with minors when representing TAAA working with minors.)

Incident Date: _____ Incident Time _____

Date Reported to TAAA Supervisor and TAAA Board _____

TAAA Board Email: taaabod@tucsonastronomy.org

Reported by Name: _____

Reported by Primary Phone: _____ Secondary Phone: _____

Reported by Email _____

Reported by Address _____

Location of Incident: _____

Specific area; further description where occurred; _____

Incident Address: _____

TAAA Event: _____ TAAA Supervisor: _____

TAAA Members present: _____

Your TAAA Roll/Responsibility at event: _____

Report type: Report by minor of abuse not associated with TAAA event or member

Report by child of abuse/harassment/harmful behavior by a TAAA member representing TAAA. Name of accused TAAA Member _____

Report by TAAA member/other of observation/knowledge of abuse/harassment/mistreatment of a child by a TAAA member representing TAAA. Name of accused TAAA member _____

Description of Incident (clear/concise/complete facts) (Include what alleged victim/minor said; what the reporter observed/was told. You may add additional pages as needed.)



Name of child: _____ Age: _____ DOB: _____
Adult contact for child: Name _____ Phone _____
Association with child: _____
Email _____ address _____
Parent information, if available: _____

If Report is of abuse not associated with a TAAA member, what information do you have about the person accused? (Give source of information) _____

What steps were taken to protect the child in this situation? _____

Was this incident reported to law enforcement __yes __no __I don't know
If yes, Name of law enforcement agency: _____
Contact information: _____

Date reported: _____ Time reported _____
Was any other agency notified? __yes __no ____ I don't know
If yes, Name of agency _____
Contact information: _____

Witnesses (Use additional forms, as needed.)

Witness Name: _____
Witness Address: _____
Witness Email: _____ Witness Primary Phone; _____
Witness Secondary Phone: _____
Witness Type: __Adult __Minor __Unknown

Witness Name: _____
Witness Address: _____
Witness Email: _____ Witness Primary Phone; _____
Witness Secondary Phone: _____
Witness Type: __Adult __Minor __Unknown

