

**International Order of the Rainbow for Girls
Nevada Grand Assembly**



CONFIDENTIAL REPORT OF CONCERN

Individual(s) of concern

Date and Time of Occurrence/Incident

Location of Occurrence/Incident

Type of Concern

- Inappropriate behavior with a child or youth
- Policy violation with a child or youth
- Possible risk of abuse
- Safety risk
- Other concern: _____

Has the matter already been reported/escalated? If yes, please specify names and dates.

- Assembly Advisory Board: _____
- Grand Deputy: _____
- Parent(s)/Legal Guardian: _____
- Legal authorities: If so, who and what transpired? _____

- Other: _____

Has this or a similar situation ever occurred previously? If so, when? _____

Describe the facts of the current situation in detail and use additional sheets if necessary. Please include details such as the parties that were present, the parties that were involved, etc. _____

The above information is a true and accurate accounting of the incident, to the best of my knowledge.

Date

Signature of Person Making Report

Printed Name of Person Making Report

THIS REPORT MUST BE RETAINED BY THE ASSEMBLY ADVISORY BOARD AND/OR SUPREME OFFICER FOR A PERIOD OF SEVEN (7) YEARS FROM THE ORIGINAL REPORT DATE.

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CONFIDENTIAL ACTION LOG

This form must be attached to the Confidential Report of Concern, and updated each time action is taken or circumstances are altered. An updated copy is to be sent to the Jurisdiction's Supreme Officer after each addition or change. The information contained in these reports is to remain confidential at all times.

Individual of Concern, as noted in original report

Affected Member Name(s)

Date and Type of Incident

Date of First Report: _____ Date Confidential Report of Concern submitted: _____

Was report made to Legal Authorities? If so, please list the date and entity: _____

Are authorities conducting or recommending investigation? _____

SUBSEQUENT ACTIONS
PLEASE INCLUDE DATES AND EXPLANATIONS

Action 1: _____

Action 2: _____

Action 3: _____

Action 4: _____

Action 5: _____

Action 6: _____

Date

Signature of Person Making Action Log

Printed Name of Person Making Action Log

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SUBSEQUENT ACTIONS AND RESOLUTION LOG

Please attach this form to the Confidential Report of Concern and Action Logs. If additional entries are necessary, follow same format, continue number sequence, and forward to Supreme Officer on separate pages.

_____ _____
Action # Date

Person making report

Person(s) or organization(s) contacted: _____

Summary of Conversations/Discussion (use additional sheet if needed): _____

Action Taken (use additional sheet if needed) : _____

