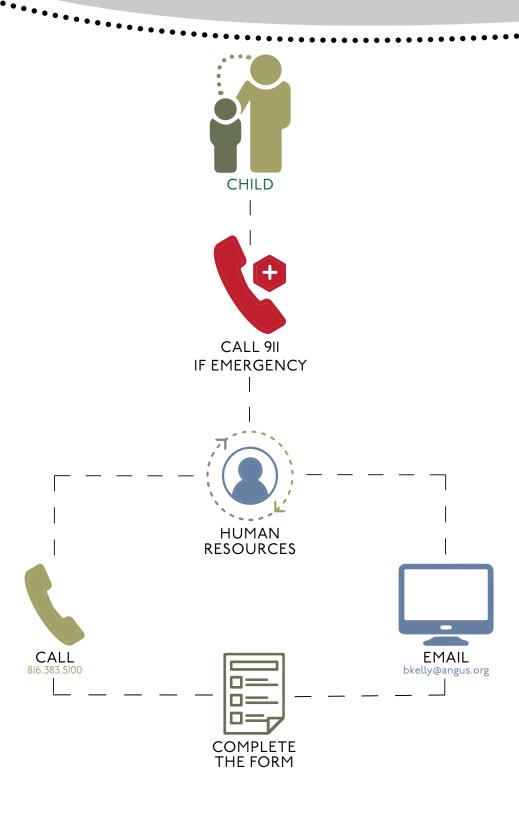
## MISCONDUCT

REPORTING PROCEDURE AND FORM





RELATIONSHIP:

INFO SOURCE:

## MISCONDUCT REPORTING FORM

TODAY'S DATE:	month	day	year		NATIONAL JUNIOR ANGUS ASSOCIATION
REPORTER DETA	AILS				
YOUR NAME:	first	<u> </u>	last	PHONE NO	work
PHONE NO.	C	cell	EMAIL: _	persor	nal

**FACILITATOR** 

WITNESS

OTHER \_

OTHER \_

explain

explain

PARENT/FAMILY

CHILD/FAMILY

SELF

SELF

PEOPLE INVOLVED			
NAME OF ALLEGED VICTIM: _			
NAME OF ALLEGED VICTIM.	first	last	title/status
_	first	last	title/status
_	first	last	title/status
NAME OF ALLEGED WITNESS(ES), IF KNOWN: _			
	first	last	title/status
<del>-</del>	first	last	title/status
_	first	last	title/status
NAME OF ALLEGED OFFENDER(S), IF KNOWN: _			
OTTENDER(3), IT RIVOVIV.	first	last	title/status
_	first	last	title/status
_	first	last	title/status

INCIDENT TYPE:	VIOLENCE	HARASSMENT	SEXUAL I	HARASSMENT	
	BULLYING/C	CYBER BULLYING	OTHER	explain	
INCIDENT DETAILS:				·	
INCIDENT DETAILS.		Briefly describe th	e incident. Attaci	h a separate sheet i	f necessary.
INCIDENT LOCATIO	N:	INCIDENT DA	ГΕ:	INCIDENT	TIME:
event name, place		mm/dd/yyyy		xx:xx am/p	om
INJURIES: YES	NO	IMMEDIATE AC	TION TAKEN	N: YES	NO
TING OTTIES.	110	THE DIXTER	TION TAKET	V. 123	140
IMMEDIATE ACTION	:		If yes, briefly de	scribe immediate a	ction taken.
ADDITIONAL INFO:		Provide an	y additional info	rmation you feel is	important
I CERTIFY THIS INFORMATION	ON IS TRUE. AC	CCURATE AND COMPI	ETE TO IT'S FULL	LEST EXTENT.	
IGNATURE:	full name		DATE:n	nm/dd/yyyy	

The American Angus Association Human Resources Department will be in touch with further information regarding your form and additional steps required.

