



## Prohibited Conduct Reporting Form

This reporting form has been created as one way to share your concerns about a potential Sacred Spaces policy violation. This form is not required. If you are interested in reporting in another way, see our [Reporting Structure policy](#) that provides additional options.

If you use this form, please note, you do not need to respond to every question.

You may complete this form anonymously. You will have the opportunity to provide your identifying information at the end of this form, if you choose to do so. The more information and detail you are able to provide, the more helpful it will be in our ability to follow up. Sacred Spaces will keep your information as confidential as possible, sharing it only with those who need the information to ensure the concerns in your report are addressed.

Click [here](#) for an online version of this Reporting Form.

If extra space is needed, please continue below the line or attach additional sheets.

Today's Date: \_\_\_\_\_

### Initial Information

Are you reporting something that happened to you or someone else?  Me  Someone Else

If Someone Else, were you a witness to the basis of the report?  No  Yes

Is this a report about a:

single incident  ongoing behavior

Please describe your concerns:

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### Information About The Person(s) Involved in the Concern

If you are reporting suspected prohibited behavior that was aimed at a different individual, please provide their information, if you have it:

Full Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Relationship to the Organization, if any: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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Description of Suspected Prohibited Behavior

To the best of your ability, please provide any dates, times and places where you recall the incident(s) taking place:

Horizontal lines for describing the incident.

If this is ongoing behavior, when did you first notice or were aware of such behavior?

Horizontal lines for providing dates and times of ongoing behavior.

If you know of other individuals who have witnessed what you describe, please list them below, including their names and any known contact information.

Full Name/ Position or Relationship to Organization/ Contact Information

Full Name/ Position or Relationship to Organization/ Contact Information

Full Name/ Position or Relationship to Organization/ Contact Information

Full Name/ Position or Relationship to Organization/ Contact Information

Use the space below to provide any other information that you want us to know:

Horizontal lines for providing additional information.

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### Information About The Person(s) Engaging in the Behavior

Please identify the person or people you believe is/are engaging in prohibited conduct, to the best of your ability and any known contact information.

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*Full Name/ Position or Relationship to Organization/ Contact Information*

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*Full Name/ Position or Relationship to Organization/ Contact Information*

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*Full Name/ Position or Relationship to Organization/ Contact Information*

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*Full Name/ Position or Relationship to Organization/ Contact Information*

Individual(s) Unknown

Please provide any identifying information: \_\_\_\_\_

### Your Information

Contact information provided will be used *ONLY* as a means to gather additional facts regarding the report. As stated in our policy, although there is no guarantee of complete confidentiality, we will make every effort to ensure that information is shared only on a need-to-know basis for the purposes of an assessment or investigation.

I prefer to remain anonymous and will not provide any contact information below

Full Name: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Relationship to the Organization, if any: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Mode of Communication:

Email

Phone

Other: \_\_\_\_\_

If phone, may we leave a voicemail?

No

Yes

Thank you for sharing your concerns with us. We will review this form and set up a time to speak with you within three business days of receiving this form if you have provided your contact information.