INCIDENT REPORT Harassment Complaint

CSTC/Detachment/Region Use Only

Case #

(reproduce locally)			Police File #			
INCIDENT TYPE	INCIDENT DATA					
Harassment Date(s) incident(s) occurred:						
Criminal infraction	Location of incident(s):					
Other	Date incident reported: Reported to:					
COMPLAINANT DATA (use additional sheet if more than one complainant)		RESPONDENT DATA (use additional sheet if more than one respondent)				
NAME:		NAME:				
Status: Cadet Staff Cadet (CSTC Other:		Status:	Cadet Staff Cadet (CSTC only) COATS CI Other:			
Date of birth: Gender: M F			Date of birth: Gender: M F			
Home Unit:						
Has respondent been notified? No	Yes – date:					
Have parents been contacted? No Yes – date:		Have parents been contacted? No Yes – date:				
By whom:		By whom:				
Was a written statement/complaint provide	ed? No Yes	Was a written statement provided? No Yes				
Additional complainants? No Yes – see attached sheet		Additional respondents? No Yes – see attached sheet				
INCIDENT DETAILS (provide as mu	ch detailed information as possi	ble)				

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INCIDENT DETAILS (continued)	

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COMPLAINANT DATA	RESPONDENT DATA				
NAME:	NAME:				
Status: Cadet Staff Cadet (CSTC only) CF CI Other:	Status: Cadet Staff Cadet (CSTC only) CF CI Other:				
Date of birth: Gender: M F	Date of birth:Gender: M F				
Home Unit:	Home Unit:				
Respondent contacted? No Yes – date:					
Parents contacted? No Yes – date:	Parents contacted? No Yes – date:				
By whom:	By whom:				
Was a written statement/complaint provided? No Yes	Was a written statement provided? No Yes				
COMPLAINANT DATA	RESPONDENT DATA				
NAME:	NAME:				
Status: Cadet Staff Cadet (CSTC only) CF CI Other:	Status: Cadet Staff Cadet (CSTC only) CF CI Other:				
Date of birth: Gender: M F	Date of birth:Gender: M F				
Home Unit:	Home Unit:				
Respondent contacted? No Yes – date:	_				
Parents contacted? No Yes – date:	Parents contacted? No Yes – date:				
By whom:	By whom:				
Was a written statement/complaint provided? No Yes	Was a written statement provided? No Yes				
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NAME: Status: Cadet Staff Cadet (CSTC only) CF CI Other: Date of birth: Gender: M F Home Unit: Respondent contacted? No Yes – date:	NAME: Status: Cadet Staff Cadet (CSTC only) CF CI Other: Date of birth:Gender: M F Home Unit:				
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WITNE	ESSES None					
Rank &	Name:	Unit:		Statement provided:	No	Yes
Rank &	Name:	_ Unit:		Statement provided:	No	Yes
Rank &	Name:	Unit:		Statement provided:	No	Yes
	Name:			Statement provided:	No	Yes
					-	
INCID	ENT REPORTING (check those boxes that	at apply and provide nam	ne of person contacted and date	e contacted)		
	UCCMA					
	CO/OIC					
	DCCMA					
	RCCMA					
	Supervisor of Respondent (CSTC Only)					
	Supervisor of Complainant (CSTC Only)					
	Military Police					
	Civilian Police					
	Child Protection Agency					
	Other					
	Other					
INCID	ENT RESOLUTION					
\\\\a_ \\ \D	Dugged No. Veg (angeifig) We	a incident reached?	la Vac (anacifu)			
was AD	R used? No Yes (specifiy) Wa	s incident resolved? N	No Yes (specify)			
Was any	disciplinary action taken? No Yes (spe	cifiy)				
		•				
SIGNA	ATURE OF OFFICER COMPLETING	THIS REPORT				
Rank an	d Name:		_ Position:			
Unit:			_ Home Telephone #:			
Date:	Signature:					

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