





<p><b>COMPLAINANT DATA</b></p> <p><b>NAME:</b> _____</p> <p>Status:    Cadet    Staff Cadet (CSTC only)    CF    CI</p> <p>                  Other: _____</p> <p>Date of birth: _____ Gender:    M    F</p> <p>Home Unit: _____</p> <p>Respondent contacted?    No    Yes – date: _____</p> <p>Parents contacted?    No    Yes – date: _____</p> <p>By whom: _____</p> <p>Was a written statement/complaint provided?    No    Yes</p>	<p><b>RESPONDENT DATA</b></p> <p><b>NAME:</b> _____</p> <p>Status:    Cadet    Staff Cadet (CSTC only)    CF    CI</p> <p>                  Other: _____</p> <p>Date of birth: _____ Gender:    M    F</p> <p>Home Unit: _____</p> <p>Parents contacted?    No    Yes – date: _____</p> <p>By whom: _____</p> <p>Was a written statement provided?    No    Yes</p>
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**WITNESSES**

None

Rank & Name: _____	Unit: _____	Statement provided: No	Yes
Rank & Name: _____	Unit: _____	Statement provided: No	Yes
Rank & Name: _____	Unit: _____	Statement provided: No	Yes
Rank & Name: _____	Unit: _____	Statement provided: No	Yes

**INCIDENT REPORTING** (check those boxes that apply and provide name of person contacted and date 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 \_\_\_\_\_

**INCIDENT RESOLUTION**

Was ADR used? No Yes (specify)      Was incident resolved? No Yes (specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was any disciplinary action taken? No Yes (specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF OFFICER COMPLETING THIS REPORT**

Rank and Name: \_\_\_\_\_ Position: \_\_\_\_\_

Unit: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_