



People that have been informed and the date (not all of the following individuals need to be contacted, only those applicable):

Parent/Guardian	Host Site Coordinator	BBI Program Manager
Care Provider	Police	BBI Supervisor
Special Education Advisor	Adult/Child Protective Services	BBI State Director
Faculty Advisor	Other	BBI HQ staff

Are there any other persons who still need to be contacted regarding the incident? YES NO
 Name: Phone number:

Do you feel the situation/incident has been resolved? YES NO
Please elaborate:

Has anyone in the chapter been contacted by the media regarding this incident? YES NO
 *Please note that any media inquiry should be directed to your local Best Buddies office.

Please explain:

By checking this box I, _____, verify that I have completed the above report and that all details given are true to the best of my knowledge.



For Internal Use - Best Buddies staff contact please complete:

Staff Name:	Staff Role:
Have you had contact with the person filing the report? YES NO	
Have you had contact with any of the participants involved in this incident? YES NO <i>If YES, please share with whom and a brief summary of the contact and the outcome:</i>	
Are you aware of any additional information BBI should be aware of? YES NO <i>If YES, please share additional information:</i>	
Is the participant's report consistent with your knowledge of the situation? YES NO <i>If NO, please provide additional information:</i>	
Request for follow up from BB Headquarters to any of the involved participants? YES NO <i>If YES, provide contact information and issues that require follow up:</i>	
Name:	Phone number:
<i>Follow up needed:</i>	