## **VSCL INCIDENT FORM**

Harassment and other code of conduct violations reduce the value of VSCL for everyone. We want you to be happy in our organization. People like you make VSCL better. The VSCL board will be happy to help you contact security, local law enforcement, local support services, or otherwise assist you to feel safe. We value your membership. Anonymity of all parties will be preserved unless permission is granted.

Please send this completed form if infractions occur outside of convention to via email.

Date of Report:		
Time of Incident:		
Reporter Name:		
Reporter Phone Number:	Reporter Email:	
Victim Name:		
Victim Gender: M/F/Other:	Victim Member of VSCL: Y/N	
Victim Phone Number:		
Victim Email:		
Assailant Name:		
Assailant Gender: M/F/Other:	Assailant Member of VSCL: Y/N	
Type of Incident (physical assault, sexual Description of Incident:		
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