Girl Scouts Diamonds of Arkansas, Oklahoma, and Texas

Complaint/Incident Form

This form is to be completed and submitted to the CEO within 24 hours of incident.

Date of Complaint_____ Time_____ __am __pm

Type of Complaint_____

Person Filing Complaint_____

__Girl __Adult __Non-member __Staff Phone 1_____ Phone 2 _____

Address_____

City_____ State_____ Zip_____

What is the nature of the complaint? (Examples: verbal abuse, physical abuse, theft)

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Describe complaint in detail _____

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(Continue on back in necessary.)

Describe any follow-up **plans** in detail.

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Signature of person submitting report: _____ Date_____

Signature of supervisor:_____Date_____