

<p>COMPLAINANT DATA</p> <p>NAME: _____</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>RESPONDENT DATA</p> <p>NAME: _____</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: _____