



Youth Protection Program Violation Report Form

This form is to be used when reporting a violation of the Job's Daughters International (JDI) Youth Protection Program (YPP). **This form is to be completed immediately following the violation and should be filed by the person witnessing the violation.** This is **NOT** the form to use when reporting an incident of abuse, that form is YPP 008. Violations of the JDI YPP should be one of the items mentioned in the JDI Policy and Program. Please indicate the category(s) to which you believe your violation applies.

• Drugs and Alcohol	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
• Illicit Media	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
• Inappropriate Activities	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
• Attendance at JDI Functions	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
• A non-CAV serving in a Leadership Position	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If you have answered NO to all the above, then it may not be a CAV violation. If you are not sure please contact the JDI YPP Director.

This form should be sent to the **JDI Executive Manager** immediately upon recognition of the violation. It is not appropriate to send this form to anyone else.

Information contained in this form will be used to investigate the reported violation. The name of the CAV who is reporting the violation will be held in confidence by the Executive Manager, the JDI Board of Trustees and the JDI Youth Protection Coordinator. The JDI Board of Trustees is the enforcement authority for the JDI Youth Protection Program.

*Please Type or Print **legibly**. If you need space for further information, please use the back of the form or attach a separate sheet.*

Personal Data

Name: _____

Address: _____

City: _____ State/Prov: _____ ZIP/Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

CAV # _____ Current Role in JDI: _____

Violation Report Information

Name of person(s) that are the subject of this report: _____

Address: _____

City: _____ State/Prov: _____ ZIP/Postal Code: _____

Phone number _____ Cell: _____ Email: _____

Name: _____

Address: _____

City: _____ State/Prov: _____ ZIP/Postal Code: _____

Phone number _____ Cell: _____ Email: _____

How is the subject person connected to Job's Daughters International (example, Council Member?) _____

Date violation occurred: _____

Location where violation occurred (if applicable): _____

Did incident occur at a Job's Daughter activity? ☐ Yes ☐ No

If yes to the above, please describe the activity (for example: Bethel meeting, fun event, workshop, Grand Session etc.)

Were Daughters present? ☐ Yes ☐ No

List of witnesses (if any):

Name: _____

Phone number _____ Cell: _____ Email: _____

Name: _____

Phone number _____ Cell: _____ Email: _____

Name: _____

Phone number _____ Cell: _____ Email: _____

Please give as much specific detail about the violation as possible:

n Report Information Acknowledgement

I certify that the information provided herein is complete and accurate to the best of my knowledge. I further understand that the information contained in this form will be used to investigate the violation and that I may be contacted by the JDI Youth Protection Program Director or a JDI Youth Protection Program Investigator with regard to this report. Finally, I understand that my name will be held in confidence by the Executive Manager, the JDI Board of Trustees and/or the JDI Youth Protection Program Director and/or JDI Youth Protection Program Investigator.

Signature: _____ **Date:** _____

Mail/FAX/e-mail this form to:

**Job's Daughters International
233 W. 6th Street
Papillion, NE 68046**

**Phone: 402-592-7987
FAX: 402-592-2177**

Email: office@jdint.org