

Committee for Respectful Behavior Incident Report Form

This form is intended for use by individual concerned parties (complainants or witnesses). In the event that multiple individuals wish to request consideration of the same issue, each person must independently fill out and submit a completed form.

** You may submit this form anonymously as a witness. Anonymously submitted reports will be reviewed, but may limit the ability of the committee to take action and a resolution may not be possible. Mandatory reporters cannot submit anonymous reports. Mandatory reporters include Employee Supervisors, Town Council Members, Town Board and Committee Chairs**

Confidentiality

All of the information contained in this questionnaire will be confidential to the extent possible. You may attach copies of any support materials or documents which may help to clarify or substantiate your concerns, but please do not include originals of these documents as they will not be returned to you.

We are required to maintain a complete, confidential record file for all forms submitted. While every effort to maintain the confidentiality of the identities of the individuals named in any filing will be made, it is inevitable that in the course of further hearings, personal interviews, or investigations, it may be impossible to maintain complete confidentiality while ensuring that the rights of everyone involved are upheld.

Contact

You may be contacted to meet with members of the CRB to clarify and confirm any content you have supplied or to answer additional questions. Any information gathered will become part of the official recorded file accompanying the initial report.

The person(s) reported against may be notified in writing that an allegation has been made against them. All parties will be interviewed to ensure all points of view are fully heard.

Third Parties

Depending on the nature of the report, an outside investigator and/or third party may be required. If a third party is not needed, reports will be addressed by the CRB Chair and Co-Chair.

The enclosed form should be fully completed and signed to confirm that the information provided is true, accurate and complete.

Please attach copies of any support documentation, and forward to:

Committee for Respectful Behavior of the Town of Ancram

c/o CRB Chair

Ancram Town Hall
1416 County Route 7
Ancram, NY 12502

OR via email to CRBChair@ancramny.org

Town of Ancram, New York
Committee for Respectful Behavior Incident Report Form

YOUR INFORMATION

****Please note if you choose to remain anonymous by not completing the information below, it may limit the ability of the committee to take any action on this incident. Anonymous submissions will be noted by the committee, but a resolution is not guaranteed nor will we be able to notify you of any outcome.****

1. Date:
2. Full name:
3. Pronouns:
4. Full Local Address:
5. Contact Information(mailing address, email, or phone number): Unless specified, email will be used primarily for any follow up communication related to this submission.
6. Occupation: (optional)

TOWN AFFILIATION

1. Do you currently serve as an Appointed or Elected Official of the Town of Ancram or are you employed by the Town of Ancram, or do you serve as an appointed or voluntary representative, Committee member within the Town of Ancram in any capacity? _____ If yes, please explain your position.

Department Employed In: _____

Department Head: _____

2.
Do you currently supply any services to the Town of Ancram or have you done so in the past, or are you currently being considered to be awarded any contractual relationship with the Town of Ancram? _____ If yes, please explain. _____

SPECIFIC VIOLATIONS

If you believe any Town of Ancram policies or regulations may have been violated, please describe specific actions that have been taken by the above named individual(s) and cite the policy and/or law. Examples include The Ancram Town Code of Conduct, The Town of Ancram Workplace Violence Policy, and The Town of Ancram Sexual Harassment Policy. For any concerns pertaining to the Ethics Law of the Town of Ancram, please complete the Ethical Consideration and Request of Formal Inquiry Application.

WITNESSES

Please list the names and contact information (if known) of any person(s) with firsthand knowledge of the incident. This should only include the person(s) who saw, heard, or experienced the incident.

RESOLUTION

Please explain what (if any) outcome or action you are hoping to see as a result of this report.

ADDITIONAL DOCUMENTATION (optional)

Please attach copies of any relevant correspondence involving any of the above cited individuals or actions, any records or documents that would assist the CRB in their investigation of this inquiry.

DO NOT SEND ORIGINAL OR SINGULAR DOCUMENTS AS NO MATERIALS WILL BE RETURNED TO YOU.

ADDITIONAL INFORMATION (optional)

Please list any additional pertinent information you think would be useful to the committee.

SWORN SIGNATURE AND VERIFICATION

I declare that I have reviewed the information I have supplied herein, and confirm that to the best of my understanding it is a true, accurate, and a complete statement of the facts.

SIGNATURE _____

PRINTED FULL NAME _____

DATE SUBMITTED _____