



RICE UNIVERSITY

Office of Ethics, Compliance and Enterprise Risk

Youth Protection Incident Report

Date: _____

Name of program: _____

Name of minor: _____

Name/contact of program staff: _____

Date, time, location of incident: _____

Description of incident:

Witnesses: _____

Action/First Aid:

Parent/Guardian Contacted Yes _____ No _____

Parent/Guardian Contact Information: _____

Follow up:

Additional Information:
