

# Concern or Incident Report Form

*Little Dippers Learning Center – Skagway Child Care Council*

All information submitted will be kept confidential and shared only with relevant parties as necessary to investigate and resolve the concern.

Completed forms may be submitted either:

- To the Little Dippers Administrator at **littledipperak@gmail.com**, or
- To the Skagway Child Care Council Board of Directors at **skagwaychildcarecouncil@gmail.com**

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**Date of Submission:** \_\_\_\_\_

**Name of Person Reporting (optional if anonymity is requested):**

**Role (check one):**

- ☐ Parent/Guardian  
☐ Employee  
☐ Board Member  
☐ Other: \_\_\_\_\_

**Preferred Contact Method (if follow-up is needed):**

- ☐ Phone: \_\_\_\_\_  
☐ Email: \_\_\_\_\_  
☐ No contact requested

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## 1. Nature of Concern or Incident (*check all that apply*)

- ☐ Staff Conduct  
☐ Child Behavior or Safety Concern  
☐ Workplace Conflict  
☐ Facility or Operational Issue  
☐ Violation of Policy or Procedure  
☐ Parent/Family Concern  
☐ Discrimination or Harassment  
☐ Other: \_\_\_\_\_
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## 2. Description of Incident or Concern

Please provide as much detail as possible: who, what, when, where. Attach additional pages if needed.

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## 3. Have you addressed this concern with anyone yet?

- ☐ Yes — Who? \_\_\_\_\_
- ☐ No

If yes, what was the result?

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## 4. Desired Outcome/ Action Requested/Resolution

- |                                       |                          |                          |                          |
|---------------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mediation                             | Investigation            | Training                 | Disciplinary Action      |
| <input type="checkbox"/> Other: _____ |                          |                          |                          |

Expand in what would you like to see happen as a result of this report?

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## 5: Confidentiality Agreement

This Confidentiality Agreement ("Agreement") is made to ensure the privacy and integrity of the information shared as part of a concern or incident report.

### Purpose

The purpose of this agreement is to acknowledge the sensitive nature of the information disclosed and to establish expectations around confidentiality for all parties involved.

### Confidential Handling

The Little Dippers Learning Center ( Skagway Childcare Council) will handle this matter with the highest level of confidentiality possible. Information shared in this report may be disclosed only on a need-to-know basis to:

- Investigate the incident appropriately,

- Comply with legal or regulatory obligations,
- Protect the safety and rights of employees and the organization.

**Acknowledgment:**

By signing below, I acknowledge that:

- I am submitting this complaint/report in good faith and to the best of my knowledge.
- I understand the information I provide will be used to investigate the concern.
- I agree to maintain the confidentiality of this process to avoid retaliation, speculation, or disruption.
- I understand retaliation for filing a complaint or participating in an investigation is strictly prohibited and should be reported immediately.

**No Guarantee of Complete Anonymity**

While every effort will be made to protect the identity of individuals involved, complete anonymity cannot be guaranteed during an investigation, especially if specific facts or context make identification unavoidable.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Administrative Use Only – DO NOT WRITE BELOW THIS LINE**

**Date Received:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Follow-up Action Taken:**

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- ☐ Resolved
- ☐ Further Action Needed
- ☐ Referred to the Skagway Childcare Council Board
- ☐ Confidential Documentation Filed