



CODE OF CONDUCT INCIDENT REPORT - FORM A

Full name of the Person Filing Report..... Date of Incident.....

Telephone Number..... Time of Incident.....

Mailing Address..... Email.....

Location of Incident (Be specific)..... Date of Report.....

Individuals Involved (please include address and phone number, if available; and mark if witness)

Name	Address	Phone	Email	Witness
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>

Description of Incident (Please explain in your own words what happened. Please include as much detail as possible. It's easiest if you tell the story in chronological order. Attach separate pages as needed.)

"In filing this report:

- The report I am filing is truthful and to the best of my knowledge.
- I consent to the release and use of this report and any information relating to the investigation of this alleged incident to any officer or governing member of the IFN who may be investigating the incident.
- I understand that this report may be accessed by the students named above or any other individual(s) who may, through the Islamic Foundation North's investigation, be involved in this alleged incident.
- I understand that I may be required by the IFN to serve as a hearing witness in regards to this report."

Signature _____ Date: _____

Upon completion of this Form: Contact the IFN Grievance Committee at 847-406-3730 Ext 241 to report any Sexual Misconduct or Harassment Issues. For all other incidents, contact the IFN Executive Committee.