

CRITICAL INCIDENT REPORT FORM

NO INCIDENT IS TOO MINOR TO REPORT

To be filled by person victim of critical incident of discrimination, hate and/or racism or someone who has witnessed a critical incident of discrimination, hate and/or racism. This report is anonymous with no direct action/support ("I just wanted you to know this happened") or get further advice on raising the matter formally or receiving support ("I want something done", "I am upset/isolated by the experience and need support").

PLEASE SEND REPORT TO:

Fax: 604-299-7910 or

Email: [Bfl info@burnabyfamilylife.org](mailto:info@burnabyfamilylife.org)

Please write as much or as little as you want.

1. Who is reporting this incident? Victim Witness Advocate
Other

2. Describe what happened:

3a. Was this an incident of discrimination, hate and/or racism?

3b. Was it on grounds of: Age Disability
 Gender (including maternity/pregnancy, transgender, marriage and civil partnership status),
 Race Religion/Belief Sexual orientation Other

4. Where did it happen?

5. When did it happen? (date/time)

6. Was this the first or a repeat incident? If repeat, over what period of time?

7. Who was involved?

(For example, provide relevant details of the victim, perpetrator and any witnesses such as their gender, age or ethnic origin and whether they were a member of staff, a councillor, a customer, or a member of the public. Please do not provide names because direct action cannot be taken as a result of this report).

8. Have you told anyone else? Has any action been taken? What was the outcome? Please describe:

9a. Will you, or did you, make a formal complaint or grievance and when?

9b. If you have made a formal complaint or grievance, has it been resolved satisfactorily?

Yes No

If not, why not?

10. Is there anything you would like to be considered in terms of areas for improvement or awareness raising?