

## Girl Protection Report for Incidents Involving Adult Members

*(Refer to Girl Protection Procedures relating to Child Abuse)*

*This form is to be used to report any incident involving an adult member of GGC which (potentially or actually) compromises the safety or mental well-being of one or more members of Girl Guides of Canada. This includes but is not limited to violations of the Code of Conduct of GGC. It may include actions taken outside regular meeting venues that may nonetheless impact the appropriate relations between Guiders and girls within the unit. (An example of this would be excessive contact between an adult and child Member beyond the bounds of age-appropriate friendship).*

**\*\*For a definition of “adult Member”, refer to the age of majority table in Girl Protection Procedures relating to Child Abuse. \*\***

This form is to be completed within 5 days of the event and sent to the address below:

**CONFIDENTIAL**  
Manager, Finance and Administration  
Risk Management Department  
Girl Guides of Canada—Guides du Canada  
50 Merton Street  
Toronto ON M4S 1A3

Upon receipt of this document, the Manager will forward a copy to the relevant Provincial Commissioner, who will contact the reporting Guider to confirm receipt of the report, and take the necessary steps to resolve the situation. In the interests of confidentiality, the reporting Guider must not expect to be told what action is being undertaken.

### Identity of the ADULT MEMBER being reported:

Name: \_\_\_\_\_ iMIS # (if known): \_\_\_\_\_

Area: \_\_\_\_\_ Province/Territory: \_\_\_\_\_

**Please answer the following four questions.** (Attach additional pages as needed.)

1. What is the incident you are reporting? Give a full description.

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2. What actions did you take as regards to this incident?

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3. Who else is aware of this incident?

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4. Has this incident been reported to any authorities within or outside of Guiding?

- Yes (to whom?) \_\_\_\_\_
- No

**Please add any other relevant information, attaching extra pages as necessary.**

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Number of additional pages attached to this report: \_\_\_\_\_

Form completed by (print name): \_\_\_\_\_

iMIS #: \_\_\_\_\_

Position in Guiding: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_