RHODE ISLAND SCHOOL OF DESIGN





This form is to be used for all RISD policy violations (RISD Protection of Minor's policy) OR any known or suspected case of neglect or abuse involving a minor enrolled in a RISD program.

Information of the employee (or supervisor) reporting the incident – or suspected abuse:

Date:	
Name:	
Department:	
Who reported the incident to you:	
Time & Date incident was reported to you:	
Child's name:	
Program the minor was enrolled in:	
Summary of the incident:	
If this was a RISD policy violation – submit this form to Human Reso	urces.
If this was a case of neglect or abuse:	
Was DCYF contacted?	
If yes:	
Who called:	
Time/Date of call:	
Whether DCYF was contacted or not, please submit this form to Pub	lic Safety.
Risk Manager and Public Safety were notified on:	