

Complainant/Concern Intake Form

[(REMOVE SECTION BEFORE DISTRIBUTING) Note: Avoid disruptions, taking sides, asking the complainant exhaustive questions or challenging their story. Thank the complainant for coming forward and assure them that a fair, impartial investigation with appropriate next steps will be taken once intake is completed. Do not advise of an expected outcome or resolution or guarantee absolute confidentiality.]

Date of This Report:	Name of masjid representative	Location of Interview:
Name of Complainant:		Date and location of Incident:
Relation to Accused if any (i.e student, teacher, congregant etc):		
Name of Witnesses (if any):		
Full Details of Complaint (Who, What, When, Where):		
Any Physical Injuries :		

Potential Supporting Evidence (e.g., emails, photos, etc.) Included:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Evidence Included:	

By signing this, you agree that this must remain confidential at all times.

Complainant Signature: _____ Date: _____

Mosque/Org. Representative Signature: _____ Date: _____

Accused Intake Form

[(REMOVE SECTION BEFORE DISTRIBUTING) Note: Avoid disruptions, taking sides, asking the witness exhaustive questions or challenging their story. Thank the witness for coming forward and assure them that a fair and impartial investigation with appropriate next steps will be taken once intake is completed. Do not advise of an expected outcome or resolution or guarantee absolute confidentiality.]

Date of This Report:	Name of mosque representative:	Location of Interview:
Name of the accused:	Phone number/Email Address:	Date & location of incident(s):
Relation to Complainant if any (i.e student, teacher, congregant etc):		
Please describe in <i>detail</i> what occurred in chronological order: (If you believe nothing has occurred, please answer the following question)		
Please describe why anyone would create false allegations. Include witnesses, if any.		

Potential Supporting Evidence (e.g., emails, photos, etc.) Included:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Evidence Included:	

By signing this, you agree that this must remain confidential at all times.

Signature of Accused: _____ Date: _____

Mosque/Org. Representative Signature: _____ Date: _____

Witness Intake Form

[(REMOVE SECTION BEFORE DISTRIBUTING) Note: Avoid disruptions, taking sides, asking the witness exhaustive questions or challenging their story. Thank the witness for coming forward and assure them that a fair and impartial investigation with appropriate next steps will be taken once intake is completed. Do not advise of an expected outcome or resolution or guarantee absolute confidentiality.]

Date of This Report:	Name of mosque representative:	Location of Interview:
Name of Witness:	Phone number and email address:	Date and location of the incident:
Please describe what you saw and heard in chronological order:		
Did you take any necessary actions? If so, describe what occurred.		

Potential Supporting Evidence (e.g., emails, photos, etc.) Included:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Evidence Included:	

By signing this, you agree that this must remain confidential at all times.

Signature of Witness: _____ Date: _____

Mosque/Org. Representative Signature: _____ Date: _____