

Good Samaritans—Exception Report (Problems, Complaints, Compliments, etc.)

Document any unusual incidents on this form. Include names and contact numbers for those involved. Good Samaritans staff will follow up.

	Case Number:
<input type="checkbox"/> Complaint against volunteer	<input type="checkbox"/> Compliment
<input type="checkbox"/> Complaint against law enforcement	<input type="checkbox"/> Other
Does incident require immediate attention?	YES NO
If “YES,” was a supervisor/staff member notified?	YES NO
Incident Narrative: (Facts only!) 	
Your Analysis of Incident: 	
Your Recommendation: 	
Contact Information: (Names & Phone #s) 	
Signature of Volunteer	Date