

# **AARP FOUNDATION TAX-AIDE INCIDENT REVIEW FORM**

## **General Instructions:**

1. This form should be used when an incident occurs which requires review pursuant to the Incident Review Protocol.
2. This form should be initially completed by the Local or District Coordinator, and then sent to the State Coordinator (SC) who will forward it simultaneously to the Regional Coordinator (RC) and National Office. In cases where the National Office receives the initial information, then the form is initiated by the National Office and sent to the RC to gather additional facts regarding the incident. As additional facts are gathered they are documented on this form, noting date and person entering information.
3. The text boxes are designed to expand as text is typed so that the review can be updated as further information is learned. When additional notes are added to the form, they should be prefaced by the date and name of the person who is adding the notes.
4. The document should be titled, saved and emailed with the following information in the subject line: State/name of volunteer or taxpayer involved/date of initial incident. Example: CA2/Smith/2-24-11

## **SECTION 1: GENERAL INFORMATION**

Name/Contact Information of person reporting the incident:

Volunteer \_\_\_\_\_ Taxpayer \_\_\_\_\_ National Office Staff \_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_

State of Incident \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_ am or pm

Date became aware of incident \_\_\_\_\_

Site Name \_\_\_\_\_

Site Address \_\_\_\_\_

## **SECTION 2: TYPE OF INCIDENT**

Volunteer concern with taxpayer behavior \_\_\_\_\_

Taxpayer Complaint \_\_\_\_\_

Violation of Standards of Professionalism by Volunteer \_\_\_\_\_

Violation of Taxpayer's Responsibilities by Taxpayer \_\_\_\_\_

Accident \_\_\_\_\_ (type) Vehicle \_\_\_\_\_ Vol. Injury at site \_\_\_\_\_ Property damage \_\_\_\_\_

Illness \_\_\_\_\_ other \_\_\_\_\_

**SECTION 3: Persons involved**

(state name/whether volunteer or taxpayer/contact information)

**SECTION 4: SUMMARY OF INCIDENT** (enter a maximum of 5 sentences which give the basic information only; detailed notes are entered into section 5 below)

**SECTION 5: FACTS GATHERED REGARDING INCIDENT** (full details of the incident)

**SECTION 6: NATIONAL OFFICE REVIEW OF INCIDENT**

**SECTION 7: NOTES FROM OGC** (if referred)

**SECTION 8: PROPOSED RESOLUTION OF INCIDENT** (state date and give name of person making proposed resolution)

**SECTION 9: Final Resolution**

**SECTION 10:** Was any volunteer terminated as result of incident? (If so, give details and provide a copy of the termination letter)