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)