



HOPE AACR CONCERN REPORTING DOCUMENT

Use this form to report a Concern (an incident that involves a HOPE member). Witnesses also use this form. Please use this fillable PDF, save it, and then email it to your Regional Manager and HOPE President within 24 hours. (If you do not have the ability to use a computer, you should talk with your Regional Manager or President in person or by phone within 24 hours.)

Contact information person against whom this concern is filed:

Name _____ Email Address _____

Address _____ Home Phone # _____ Cell Phone # _____

1. Please explain the facts of your concern in detail (attach additional pages if needed).

2. Persons involved (please state each person's role). _____

3. How did you attempt to resolve this issue? _____

HOPE AACR will make every effort to promptly get a report from all parties involved as appropriate. HOPE AACR will investigate and determine a course of action. Please allow two to four weeks for completion of the process. In some cases, it may take over four weeks due to the complexity of the occurrence and number of parties involved. Time zone differences also play a part in the length of time it takes to complete the process.

Please note that this form needs to be sent to the Regional Manager. If you have any questions, please contact your Manager.

Note: HOPE AACR members involved are placed on inactive status immediately. This includes, deployments, workshops, presentations, etc.

For HOPE AACR Office Use Only

Date HOPE AACR representative received report _____ Date Report Files _____