



Academy of Fetish Arts Incident Report Form



____ Consent
Violation
____ Rule
Violation

Interviewee

First Name & Last Initial: _____ Scene Name: _____

Individual above is: The Reporter The Reported An Eye-witness A Third-party

Preferred method of contact: _____

Support person (if present): _____ Date & time of report: _____

Advocate name: _____ Date & time of incident: _____

MOD on duty: _____ Method of report (circle): In-person Phone

Incident Venue: _____ Incident Location: _____

What happened?

Were there any witnesses to this incident? ____ If yes, who? _____

Were there any prior relationships or interactions before this incident? ____ If yes, explain:

Were intimidation or threats part of this incident? ____ If yes, explain:

Have you spoken with the other party about the incident? ____ If yes, explain:

What solutions would be acceptable and/or desired by you?

Is there anything else that you'd like us to know? Please share:

Has this incident been resolved to your satisfaction? Yes No

Would you like this IRF to be considered by the AFA Board (*rule violation*) or the Consent Incident Committee (*consent violation*) for further review? Yes No

I have reviewed this document. It accurately reflects information about the incident from my point of view. I am aware this document will be shared with the Academy of Fetish Arts Board and may be shared with the Consent Review Committee.

Interviewee Signature

Date