

Report a Safeguarding or Ethics Concern

Instructions, urgent action and secure submission

SPEAK UP SAFELY

Your concern matters.

Use this form to report a concern involving a scholar, applicant, volunteer, mentor, employee, contractor, Board member, partner, donor or any person acting for Hope Valley Scholars Inc.

IMMEDIATE DANGER OR URGENT MEDICAL NEED

Contact the appropriate local emergency, police, medical or child-protection authority first. Then notify Hope Valley Scholars Inc. as soon as it is safe. This form and an internal report do not replace any report required by law.

A WHEN TO USE THIS FORM

- Abuse, neglect, exploitation, grooming or unsafe treatment
- Harassment, discrimination, boundary violations or retaliation
- Unsafe meetings, transport, communication, media use or data access
- Fraud, theft, bribery, misuse of funds or falsified records
- Conflicts of interest, favoritism, obstruction or concealment
- Any serious violation of law, policy or organizational trust

B HOW TO COMPLETE A REPORT

- Report promptly. Reasonable, good-faith concern is enough; proof is not required.
- Record facts, dates, locations and the person's own words where possible. Clearly separate facts from assumptions.
- Do not investigate, confront the person involved, seek confidential records unlawfully or delay emergency action.
- You may report anonymously. Anonymous reports are reviewed to the extent the available information permits.
- Absolute confidentiality cannot be promised. Information is limited to people who need it for safety, response or legal reporting.

SUBMIT THROUGH A SECURE METHOD

Do not email a completed form as an ordinary attachment if it contains names, allegations or other sensitive details. Email info@hopevalleyscholars.org with the subject "Confidential concern - secure submission requested" and include only safe contact information. For an urgent safeguarding concern, use the subject "Urgent safeguarding concern." You may also call +1 (302) 898-6006. Hope Valley Scholars will provide secure submission instructions.

Report a Safeguarding or Ethics Concern

Reporter information and person affected

1 REPORTING CHOICE

☐ I am providing my identity and contact information.

☐ I prefer to remain anonymous.

☐ I am reporting on behalf of, or supporting, another person.

Leave identity fields blank if reporting anonymously.

2 REPORTER INFORMATION - OPTIONAL FOR ANONYMOUS REPORTS

Full name

Relationship to Hope Valley Scholars or person affected

Safe email address

Safe phone or messaging number

Preferred safe contact method and time

☐ A confidential voicemail may be left.

☐ A confidential email may be sent.

Language, disability or accessibility support requested

3 PERSON AFFECTED OR AT RISK

Name or scholar/participant code, if known

Age, date of birth or grade, if known

Is the person under 18?

☐ Yes

☐ No

☐ Unknown

School, program or relationship to HVS

Current location or location where contact occurs

Parent/guardian contact, only if known and safe to record

Safety concern or instruction about contacting a parent/guardian

Report a Safeguarding or Ethics Concern

Concern classification and factual account

4 TYPE OF CONCERN - SELECT ALL THAT APPLY

- | | |
|--|--|
| ☐ Abuse, neglect or exploitation | ☐ Fraud, theft, bribery or misuse of funds |
| ☐ Sexual misconduct, grooming or harassment | ☐ Conflict of interest or favoritism |
| ☐ Boundary or communication violation | ☐ Privacy, data or record misuse |
| ☐ Unsafe meeting, transport or activity | ☐ Falsified records or dishonest reporting |
| ☐ Self-harm, serious welfare or immediate safety risk | ☐ Obstruction, concealment or failure to report |
| ☐ Discrimination, bullying or degrading treatment | ☐ Serious policy or legal violation |
| ☐ Retaliation, threats or intimidation | ☐ Other concern |

5 WHEN AND WHERE

Date or date range (YYYY-MM-DD)

Time or approximate time

Location, platform or activity

Is the conduct or risk ongoing?

- ☐ Yes ☐ No ☐ Unknown

Frequency, pattern or most recent occurrence

6 WHAT HAPPENED OR WHAT WAS DISCLOSED

Describe the concern in chronological order. Include only relevant facts.

Record exact words where possible and distinguish what you personally observed from what you were told.

Report a Safeguarding or Ethics Concern

Immediate safety, people involved, evidence and action

7 IMMEDIATE SAFETY ASSESSMENT

Immediate danger now

☐

Yes

☐

No

☐

Unknown

Urgent medical or mental-health need

☐

Yes

☐

No

☐

Unknown

Person of concern currently has access to the affected person

☐

Yes

☐

No

☐

Unknown

Risk of further harm, retaliation or evidence loss

☐

Yes

☐

No

☐

Unknown

Immediate protective action taken, by whom and when

8 PEOPLE INVOLVED AND WITNESSES

Person(s) whose conduct is involved; role or relationship

Witnesses or others with relevant information; safe contact details if known

9 REPORTS, RECORDS AND PRESERVATION

Emergency, police, medical, child-protection or regulatory authority contacted; date/time and reference number

Hope Valley representative previously notified; date/time and response

Relevant records preserved and secure location - do not attach intimate or unlawfully obtained material

Report a Safeguarding or Ethics Concern

Follow-up, reporter acknowledgment, submission and internal intake

10 FOLLOW-UP AND CONFIDENTIALITY CONSIDERATIONS

What response, protection, accommodation or follow-up are you requesting?

Describe any risk from contact, disclosure, retaliation or notifying a particular person

11 REPORTER ACKNOWLEDGMENT

- ☐ The information in this report is true and complete to the best of my present knowledge.
- ☐ I understand that I should not investigate, confront anyone or delay urgent external reporting.
- ☐ I understand that Hope Valley cannot promise secrecy and may share information for safety, fair response or legal compliance.
- ☐ I am submitting anonymously; signature is not required.

Typed name or signature

Date (YYYY-MM-DD)

SECURE SUBMISSION

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12 INTERNAL USE ONLY - RESTRICTED RECORD

Case/reference number

Date/time received

Received by

Initial classification, conflict check, protective action and assigned lead