



**2020-2021**  
**Ethics Violation/Grievance Reporting Form**  
(Attach all relevant information to this form)

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**1. DATE OF INCIDENT:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**2. Respondent (Individual for whom is alleged to have committed a violation and the grievance is filed against)**

Name: \_\_\_\_\_

Role: Athlete \_\_\_\_\_ Coach \_\_\_\_\_ Official \_\_\_\_\_ Other: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**3. SUMMARY OF INCIDENT**

Please attach a summary, supporting documents/items and list specific details of USARS rule/policy violated. *(Consult General Rules Manual, USARS Policies, Website, and other relevant references)*

**4. WITNESSES OR DOCUMENTED VERIFICATION**

*(Provide names and addresses OR copies of printed materials)*

Witness A: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Witness B: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Witness C: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**5. WHERE DID INCIDENT OCCUR?**

- \_\_\_\_\_ Competition Meet Site
- \_\_\_\_\_ Club Location
- \_\_\_\_\_ Other Location

Please identify and specify location details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. TO WHOM WAS THE INCIDENT REPORTED AND AT WHAT TIME?**

USARS Official (identify) \_\_\_\_\_

Club Officer (identify) \_\_\_\_\_

Local Authorities (identify) \_\_\_\_\_

Other (identify) \_\_\_\_\_

**7. HAS THIS VIOLATION BEEN REPORTED TO THE US CENTER FOR SAFESPORT?**

Choose One: \_\_\_ Yes \_\_\_ No \_\_\_ Not Sure

**8. HAS THIS VIOLATION BEEN REPORTED TO LAW ENFORCEMENT OR OTHER CIVIL AUTHORITIES? IF SO PLEASE SPECIFY CONTACT INFORMATION AND PLEASE INCLUDE SUPPORTING DOCUMENTATION.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. NAME OF THE PERSON FILING THIS PORTEST (YOUR NAME).**

Name: \_\_\_\_\_

Role: Athlete\_\_\_ Coach\_\_\_ Official\_\_\_ Other: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**10. ADDITIONAL INCIDENT INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the above information is accurate, truthful, and complete to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form by EMAIL  
[bbenson@usarollersport.org](mailto:bbenson@usarollersport.org) or  
by MAIL- 4730 South Street, Lincoln, NE 68506