USATT ALSAFE SPORT ABUSE REPORTING FORM

Reporting Abuse
USATT recognizes it can be difficult for an athlete, teammate, friend or family member to report an allegation of misconduct and strives to remove as many barriers to reporting as possible. You may remain anonymous if you wish. However, where appropriate, the investigative process may require further input and anonymous reporting may make it difficult for USATT to move forward with an investigation.

USATT requires reporting of physical, sexual or other misconduct by any member and strongly encourages reporting of any concerns relating to safe sport. USATT appreciates your willingness to report inappropriate behavior. By submitting this form, you are giving permission to USATT's Safe Sport Program staff to contact you. Out of respect for the importance of this issue and to encourage honest and effective reporting, knowingly making a false or vindictive report will not be tolerated and may be a violation of USATT’S Code of Conduct.

A report of abuse, misconduct or policy violation that is malicious, frivolous or made in bad faith is prohibited. Such reports will be considered a violation of USATT’s SafeSport policies and grounds for disciplinary action. Depending on the nature of the allegation, a person making a malicious, frivolous or bad-faith report may also be subject to civil or criminal proceedings.

* Must be completed

Date:

Person Being Reported
Provide as much information as possible about the person you are reporting.
First Name * _____________________________ Last Name* _____________________________

Position or Role* _____________________________ Age or Approximate Age* __________

Gender (circle one): Male Female

Club Affiliation* ___________________________________________________________________

Position(s) this individual holds or held (circle or insert all that apply):

Head Coach Assistant Coach Athlete

Official Other ____________________________________________________________________
Alleged Misconduct Information
Please provide as much specific information as you are able.
Type of Misconduct (circle or insert all that apply) *

<table>
<thead>
<tr>
<th>Bullying</th>
<th>Emotional</th>
<th>Hazing</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harassment</td>
<td>Sexual</td>
<td>Other</td>
<td>________________</td>
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</table>

Location(s) where the incident(s) took place: *
______________________________

City, state, specific location, etc. (or “Unknown”) ________________________________

Date(s) or Approximate Date(s) of Misconduct: *
______________________________

Description of Alleged Misconduct: *
______________________________

Please include as much detail as possible (use separate sheet if necessary)

______________________________

______________________________

Knowledge of victim(s) involved in alleged offense (circle one):

I can identify the victim(s) involved

I cannot identify the victim(s) involved.

Victim or Victims
Please identify the victim below. If you wish the victim to remain anonymous (whether the victim is yourself or someone else), then please enter the name as Anonymous. You may also be unaware of who the victim is. In this case, please enter, “Unknown.”

First Name (or Anonymous or Unknown): *
______________________________

Last Name (or Anonymous or Unknown): *
______________________________

Age or Approximate Age* __________

Gender: Male Female

Additional Information: ________________________________

______________________________

______________________________

______________________________
Fill this section out if additional victims are involved.

First Name (or Anonymous or Unknown):* ________________________________

Last Name (or Anonymous or Unknown):* ________________________________

Age or Approximate Age* ____________ Gender: Male Female

Additional Information: ________________________________________________

______________________________________________________________

(Use separate sheet if necessary)

Your Name and Relationship to the Victim(s)

At your option, you may identify yourself and your relationship to the victim. Alternatively, you may remain anonymous if you wish. However, where appropriate, the investigative process may require further input, and therefore anonymous reporting may make it difficult for USATT to move forward with an investigation.

First Name (or Anonymous or Unknown):* ________________________________

Last Name (or Anonymous or Unknown):* ________________________________

Age or Approximate Age* ____________ Gender: Male Female

Phone: (______)_________ - _______________

E-Mail Address: _____________________________________________________

Relationship to Victim:

Self Parent/Guardian Other Family Member

Friend or Acquaintance Club Member Coach or Volunteer

Prefer Not to Say Other ________________________________________________

Individuals That May Have Additional Information

List anyone who may be able to provide additional information regarding the alleged offense. We will not identify you when we contact these individuals.

First Name (or Anonymous or Unknown):* ________________________________
Last Name (or Anonymous or Unknown): * 

Age or Approximate Age*: 

Gender: Male Female 

Phone: ( )- 

E-Mail Address: 

Relationship to Victim: 

Self Parent/Guardian Other Family Member 
Friend or Acquaintance Club Member Coach or Volunteer 
Prefer Not to Say Other 

Additional Information 
Please provide any other information that you feel would be helpful to an investigation of the alleged offense you have reported.