USA FIELD HOCKEY’S MISCONDUCT REPORT FORM

Reporting Policy

USA Field Hockey requires reporting of sexual misconduct by any member and strongly encourages reporting of any concerns relating to safe sport. USA Field Hockey appreciates your willingness to report inappropriate behavior. By submitting this form, you are giving permission to USA Field Hockey’s Safe Sport administration staff to contact you.

USA Field Hockey 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 will make it difficult for USA Field Hockey to move forward with an investigation.

Out of respect for the importance of this issue and to encourage honest and effective reporting, 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 USA Field Hockey’s Safe Sport 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.

Alleged Abuser Information:

Provide as much information as possible about the person you are reporting.

Last Name: ____________________________________________

First Name: ____________________________________________

Address: ____________________________________________

Age or Approximate Age: __________

Gender: ___ Female       ___ Male

Club Affiliation: ______________________________________

Position(s) this individual holds or held:

___ Head Coach   ___ Assistant Coach   ___ Athlete

___ Official Other: ____________________________

Alleged Misconduct Information:

Type of Misconduct (select all that apply):

___ Sexual Abuse   ___ Physical Abuse   ___ Emotional Abuse

___ Bullying   ___ Harassment   ___ Hazing

___ MAAPP Violation

Other: ________________________________

Location that the misconduct took place:

__________________________________________________________________________

Date(s) of alleged misconduct:

__________________________________________________________________________
Description of alleged misconduct (include as much detail as possible):


Knowledge of victim(s) involved in the alleged misconduct:

___ I am not aware of any victim(s) involved in the alleged misconduct

___ I am aware of a victim(s) involved

Victim or Victims:

*If you are the victim and wish to remain anonymous, you may do so. In that case, please write your name as Anonymous. You may also be unaware of who the victim is. In that case, please write Unknown.*

| Last Name: _____________________________________________________________________________ |
| First Name: _____________________________________________________________________________ |
| Age or Approximate Age: ____________ |
| Gender: ___ Female ___ Male |
| Additional Information: ________________________________________________________________ |

*Fill this out if additional victims are involved:*

| Last Name: _____________________________________________________________________________ |
| First Name: _____________________________________________________________________________ |
| Age or Approximate Age: ____________ |
| Gender: ___ Female ___ Male |
| Additional Information: ________________________________________________________________ |

Individual(s) Who May Have Additional Information:

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

| Last Name: _____________________________________________________________________________ |
| First Name: _____________________________________________________________________________ |
| Address: _______________________________________________________________________________ |
| Phone: ________________________________________________________________________________ |
| Email: ________________________________________________________________________________ |
| Club Affiliation: ______________________________________________________________________ |


Report Submitted By:
You may remain anonymous. However, providing your information is vastly helpful to an efficient and effective investigation. All reports are kept strictly confidential by USA Field Hockey, however, USA Field Hockey cannot guarantee the confidentiality of your identity due to investigative, adjudicative or law enforcement requirements. Retaliation against an individual who made a report in good faith is a violation of the USA Field Hockey Safe Sport Program.

Last Name: _____________________________________________________________________________
First Name: _____________________________________________________________________________
Address: _______________________________________________________________________________
Phone: _________________________________________________________________________________
Email: _________________________________________________________________________________
Club Affiliation: __________________________________________________________________________

USA Field Hockey member: ___ Yes          ___ No
Club Affiliation: __________________________________________________________________________
Relationship to Victim:
___ Self          ___ Parent/guardian          ___ Club member
___ Other family member          ___ Friend or acquaintance          ___ Coach or volunteer
___ Prefer not to say          Other: _______________________________________________

Please email completed report to safesport@usafielddhockey.com. If the alleged misconduct is sexual abuse, please report directly to the Center for SafeSport by clicking here.