

USATT SAFE SPORT ABUSE REPORTING FORM



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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) \*

Bullying	Emotional	Hazing	Physical
Harassment	Sexual	Other_____	

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)

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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: \_\_\_\_\_

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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 \_\_\_\_\_

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### Additional Information

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

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