

USA Hockey SafeSport Report

INFORMATION ON THE PERSON YOU ARE REPORTING:

Name: _____

Age or Approximate Age: _____

Gender: _____ Male _____ Female

City: _____

State: _____

Hockey program individual is affiliated with: _____

Position(s) this individual holds or held:

<input type="checkbox"/> Head Coach	<input type="checkbox"/> Official/Referee
<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Player
<input type="checkbox"/> Employee for local program	<input type="checkbox"/> Other _____
<input type="checkbox"/> Volunteer/Team Manager	<input type="checkbox"/> Not sure

Type of Offense (check all that apply):

<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Bullying
<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> Threats
<input type="checkbox"/> Harassment	<input type="checkbox"/> Hazing

Has a report been filed with Police/Authorities: Yes No

Name of Police Dept/Authority: _____

City: _____

State: _____

Contact Person: _____

Case Number: _____

Has anyone else at USA Hockey been notified or contacted: Yes No

Name: _____ Title: _____

Where did the incident take place (City, State, Rink, Other Information): _____

Describe what happened (Who, What, When, Where): _____

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INFORMATION ON THE VICTIM:

Victim First and Last Name: _____

Age: _____

Gender: _____ Male _____ Female

City: _____

State: _____

Program Affiliation: _____

Phone Number: _____

Email address: _____

NOTE: If victim is under 18, please provide contact information for his/her parent or guardian.

INFORMATION ON PERSON REPORTING INCIDENT:

You may remain anonymous if you wish. However, providing information is very helpful for a swift and effective investigation. Upon your request, USA Hockey will keep your identity confidential and will only disclose if required to do so by law or with your permission. A person reporting alleged misconduct should not fear retribution and/or consequence when filing a report he/she believes to be true.

First and Last Name of Reporter: _____

Phone Number: _____

Email address: _____

Program Affiliation (if any): _____

Relationship to Victim (if any): _____

Please list any other witnesses and contact information (if known):

Name of Witness:

Relationship/Title:

Phone/Email:

1. _____

2. _____

3. _____

Please provide any other information you feel would be helpful to an investigation of the alleged offense you are reporting: _____
