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:

Head Coach

Assistant Coach

Employee for local program Volunteer

Team Manager

Official

Referee

Player

Other

Not sure

Type of Offense: (check all that apply):

Sexual Abuse

Physical Abuse

Emotional Abuse

Harassment

Sexual Harassment

Bullying

Threats

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):

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

INFORMATION ON THE VICTIM:

Victim First and Last Name:

Age or approximate 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 for each witness):

Name of Witness:

Relationship/Title:

Phone/Email:

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