## USA Hockey SafeSport Report

## INFORMATION ON THE <u>PERSON</u> YOU ARE REPORTING:

Name:			
Age or Approximate Age:	Gender:	Male	Female
y: State:			
Hockey program individual is affiliated with:			
Position(s) this individual holds or held:			
Head Coach	Officia	al/Referee	
Assistant Coach	Player		
Employee for local program	Other		
Volunteer/Team Manager	Not su	re	
Type of Offense (check all that apply):			
Sexual Abuse	Sexual	Harassment	
Physical Abuse	Bullyii	· ·	
Emotional Abuse	Threat	S	
Harassment	Hazing		
Has a report been filed with Police/Authorities:	Yes	No	
Name of Police Dept/Authority:			
City:	State:		
Contact Person:	Case Number:	<u> </u>	
Has anyone else at USA Hockey been notified or	r contacted:	Yes	No
Name:	Title:		
Where did the incident take place (City, State, R	ink, Other Infor	rmation):	
Describe and address and (Wiles Wiles Wiles Wiles	1		
Describe what happened (Who, What, When, W	here):		

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## INFORMATION ON THE VICTIM: Victim First and Last Name: 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: 2. \_\_\_\_\_ 3. \_\_\_\_\_ Please provide any other information you feel would be helpful to an investigation of the alleged offense you are reporting: