



USA HOCKEY SAFESPORT REPORT FORM

Report Form

Greetings and Welcome to SafeSport. The safety of its participants is of paramount importance to USA Hockey and TAHA. This includes not only on-ice safety, but also off-ice safety in any part of USA and TAHA programs. Our organizations have systems and policies in place to protect participants including players, parents, coaches, officials, administrators, and spectators from all types of abuse including sexual abuse, physical abuse, harassment, hazing, bullying and other types of abuse and misconduct.

We appreciate you taking the time to report cases of abuse or misconduct so that we may react to halt the abuse, investigate, and seek remedies to insure future safety. Please complete the following form with as much detail as possible. We are sensitive to your privacy concerns and understand the hesitancy to get involved, and therefore insure that your report will be handled confidentially.

NAME OF COMPLAINANT: _____

PHONE #1: _____

PHONE #2: _____

EMAIL: _____

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

_____ Official/Referee

_____ Assistant Coach

_____ Player

_____ Employee for local program

_____ Other _____

_____ Volunteer/Team Manager

_____ Not sure



USA HOCKEY SAFESPORT REPORT FORM (Continued)

Type of Offense/Allegation (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: _____

When did the incident take place (Day, Date, Time): _____

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

Describe what happened (Who, What, When, Where)-(use additional pages if necessary): _____



USA HOCKEY SAFESPORT REPORT FORM (Continued)

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 here: _____

NAME(S) OF ANYONE ELSE INVOLVED OR WITNESSING THE INCIDENT:

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 provide any other information you feel would be helpful to an investigation of the alleged offense you are reporting (include what other actions, if any, have been taken in regards to this incident): _____
