

# 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

\_\_\_\_\_ Official/Referee

\_\_\_\_\_ Assistant Coach

\_\_\_\_\_ Player

\_\_\_\_\_ Employee for local program

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Volunteer/Team Manager

\_\_\_\_\_ Not sure

Type of Offense (check all that apply):

\_\_\_\_\_ Sexual Abuse

\_\_\_\_\_ Sexual Harassment

\_\_\_\_\_ Physical Abuse

\_\_\_\_\_ Bullying

\_\_\_\_\_ Emotional Abuse

\_\_\_\_\_ Threats

\_\_\_\_\_ Harassment

\_\_\_\_\_ Hazing

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

Name of Police Dept/Authority: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Case Number: \_\_\_\_\_

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

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