



USA FENCING SAFE SPORT ABUSE REPORTING FORM

Reporting Abuse

USA Fencing recognizes it can be difficult for an athlete, teammate, friend or family member to report an allegation of misconduct and strives to remove as many barriers to reporting as possible. You may remain anonymous if you wish. However, where appropriate, the investigative process may require further input and anonymous reporting may make it difficult for USA Fencing to move forward with an investigation.

USA Fencing requires reporting of physical, sexual or other misconduct by any member and strongly encourages reporting of any concerns relating to safe sport. USA Fencing appreciates your willingness to report inappropriate behavior. By submitting this form, you are giving permission to USA Fencing's Safe Sport Program staff to contact you. Out of respect for the importance of this issue and to encourage honest and effective reporting, knowingly making a false or vindictive report will not be tolerated and may be a violation of USA Fencing's Code of Conduct.

A report of abuse, misconduct or policy violation that is malicious, frivolous or made in bad faith is prohibited. Such reports will be considered a violation of USA Fencing's SafeSport policies and grounds for disciplinary action. Depending on the nature of the allegation, a person making a malicious, frivolous or bad-faith report may also be subject to civil or criminal proceedings.

* Must be completed

Person Being Reported

Provide as much information as possible about the person you are reporting.

First Name * _____

Last Name * _____

Position or Role * _____

Age or Approximate Age * _____

Gender (check one): Male Female

Club Affiliation * _____

Position(s) this individual holds or held (check or insert all that apply):

Head Coach Assistant Coach Athlete

Official Other _____

ALLEGED MISCONDUCT INFORMATION

Please provide as much specific information as you are able.

Type of Misconduct (check or insert all that apply) *

- Bullying Emotional
 Hazing Physical
 Harassment Sexual

Other _____

Location(s) where the incident(s) took place: * _____
City, state, specific location, etc. or "Unknown."

Date(s) or Approximate Date(s) of Misconduct: * _____

Description of Alleged Misconduct: *

Please include as much detail as possible (use separate sheet if necessary)

Knowledge of victim(s) involved in alleged offense (check one):

- I can identify the victim(s) involved.
 I cannot identify the victim(s) involved.

VICTIM OR VICTIMS

Please identify the victim below. If you wish the victim to remain anonymous (whether the victim is yourself or someone else), then please enter the name as *Anonymous*. You may also be unaware of who the victim is. In this case, please enter, "*Unknown*."

First Name (or *Anonymous* or *Unknown*):* _____

Last Name (or *Anonymous* or *Unknown*):* _____

Age or Approximate Age * _____

Gender: Male Female

Additional Information:

Fill this section out if additional victims are involved.

First Name (or *Anonymous* or *Unknown*):* _____

Last Name (or *Anonymous* or *Unknown*):* _____

Age or Approximate Age * _____

Gender: Male Female

Additional Information:

(use separate sheet if necessary)

YOUR NAME AND RELATIONSHIP TO VICTIM(S)

At your option, you may identify yourself and your relationship to the victim. Alternatively, you may remain anonymous if you wish. However, where appropriate, the investigative process may require further input, and therefore anonymous reporting may make it difficult for USA Fencing to move forward with an investigation.

First Name (or *Anonymous* or *Unknown*):* _____

Last Name (or *Anonymous* or *Unknown*):* _____

Phone: (_____) _____ - _____

E-Mail Address: _____

Relationship to Victim:

- | | |
|--|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> Other Family Member | <input type="checkbox"/> Friend or Acquaintance |
| <input type="checkbox"/> Club Member | <input type="checkbox"/> Coach or Volunteer |
| <input type="checkbox"/> Prefer Not to Say | Other _____ |

INDIVIDUAL(S) WHO MAY HAVE ADDITIONAL INFORMATION

List anyone who may be able to provide *additional information* regarding the alleged offense. We will not identify you when we contact these individuals.

First Name (or *Anonymous* or *Unknown*):* _____

Last Name (or *Anonymous* or *Unknown*):* _____

Phone: (_____) _____ - _____

E-Mail Address: _____

Relationship to Victim:

- | | |
|--|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> Other Family Member | <input type="checkbox"/> Friend or Acquaintance |
| <input type="checkbox"/> Club Member | <input type="checkbox"/> Coach or Volunteer |
| <input type="checkbox"/> Prefer Not to Say | Other _____ |

ADDITIONAL INFORMATION

Please provide any other information that you feel would be helpful to an investigation of the alleged offense you have reported