



SAFE SPORT REPORTING FORM

USA Shooting strongly encourages the reporting of misconduct. USA Shooting appreciates your willingness to report inappropriate behavior. USA Shooting holds jurisdiction for emotional misconduct, physical misconduct, and violations of the Minor Athlete Abuse Prevention Policies (MAAPP).

This section is about the individual you are reporting. Please provide as much information as possible.

Name of individual that you are reporting:

Age or Approximate Age:

Gender: Male Female

Street Address:

City:

State:

Zipcode:

Note: City, State required

Position(s) this individual holds or held: (check appropriate box)

- USAS Staff
- National Coach
- Assistant Coach
- Club Employee
- Volunteer
- Other/Not sure

This section asks questions about the incident or incidents you are reporting. Please provide as much specific information as you are able.

Type of Offense

- Sexual Misconduct
- Physical Misconduct
- Emotional Misconduct
- Violation of the Minor Athlete Abuse Prevention Policies

Where did the incident or incidents take place? (City, State, and any other available location information)

Please Describe what happened: (Including... Who, What, When, Where)

*This section is for information about the victim or victims. If **you** are the victim and wish to remain anonymous, you may do so. In that case, please enter only your age, city, state, and Club affiliation.*

I wish to remain anonymous: Yes.

Victim's Name:

Age (or approximate age):

Club affiliation (if any):

Contact phone number:

(Note: if this person is under eighteen, please provide contact information for his/her parent or guardian)

Contact Email address:

(Note: if this person is under eighteen, please provide contact information for his/her parent or guardian)

Gender: Male Female

This section is for information about the person reporting the violation. You may remain anonymous if you wish. However, providing your information is vastly helpful to a swift and effective investigation. A person reporting alleged misconduct should not fear any retribution and/or consequence when filing a report, he or she believes to be true.

I wish to remain anonymous: Yes.

Your Name:

Your Phone Number: _____ **Your**

Email Address: Club Affiliation (if any):

Your Relationship to victim (if any – check one):

- Self
- Parent/Guardian, Other Family Member (Please Specify): _____
- Friend or Acquaintance
- Club Member/Coach
- Prefer Not To Say/Other (Please Specify): _____

Other relevant information regarding relationship to the victim:

If you have any other information that you feel would be helpful to an investigation of the alleged offense you have reported, please enter it here: