## APPENDIX B - World AbilitysportINCIDENT REPORTING FORM

Date: / /

Please fill out the information below to the best of your knowledge. 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 the World Abilitysport Rules & Regulations.

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| PERSON BEING REPORTED | | |
| Name: (First) (Last) | | |
| IF reg. # (if applicable): | Gender: | Age (or approx.): |
| Discipline (if applicable): | | |
| Position this individual holds or held:  □ Coach □ IF Official □ Trainer □ Athlete □ IF Staff □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **ALLEGED OFFENCE INFORMATION** |
| Type of offence (check all that apply):  □ Psychological Abuse □ Physical Abuse □ Sexual Harassment □ Sexual Abuse □ Neglect □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Location Incident(s) Occurred: |
| Date(s) of Alleged Offences: |
| Time(s) of Alleged Offences (hh:mm): |
| Description of Alleged Offences: |

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| **VICTIM OR VICTIMS’ INFORMATION** | | |
| Name: (First) (Last) | | |
| IF reg. # (if applicable): | Gender: | Age (or approx.): |
| Discipline (if applicable): | | |
| Additional Information: | | |

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| **INDIVIDUAL(S) WHO MAY HAVE ADDITIONAL INFORMATION** | | |
| Name: (First) (Last) | | |
| IF reg. # (if applicable): | Gender: | Age (or approx.): |
| Discipline (if applicable): | | |
| Relationship to Parties Involved:  Brief explanation of the additional information (if known): | | |

Date: / /

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| **REPORT SUBMITTED BY** | | |
| Name: (First) (Last) | | |
| Are you a World Abilitysport member? □ Yes □ No | | |
| IF reg. # (if applicable): | Email: | Phone: |
| Did you witness the alleged offence (s)? □ Yes □ No | | |
| Relationship to victim:  □ Self □ Parent/Guardian □ Other family relation □ Friend/Acquaintance □ Coach/Volunteer □ Prefer not to say □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **ADDITIONAL INFORMATION** |
| Any other information that you feel would be helpful to an investigation of the alleged offence you have reported: |
| **CONTACT DETAILS OF OTHER ORGANISATION(S), AUTHORITY(IES), COURT(S), AND/OR POLICE (IF APPLICABLE) INFORMATION** |
| If any other organisation(s), authorities, court(s), and/or the police have been informed of the allegations, please provide us with any relevant details: |