

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): _____
