

**TYSA SAFE SPORT INCIDENT REPORTING FORM**

Please fill out the fields below to the best of your knowledge. Out of respect for the importance of this issue, and to encourage honest reporting, knowingly making false or vendicitive claims will not be tolerated and may be in violation of TYSA’s Safe Sport Policy.

Once completed, please email this form to the TYSA Safe Sport Official at [SafeSport@TYSA.com](mailto:SafeSport@TYSA.com)

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| **DATE OF REPORT** |
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| **PERSON SUBMITTING THIS REPORT** | | | |
| NAME (First) (LAST) | | | |
| TEAM/PROGRAM - | PHONE: | | EMAIL: |
| DID YOU WITNESS THE ALLEGED OFFENSE?:  YES NO | |  | |
| RELATIONSHIP TO VICTIM:  COACH ATHLETE TRAINER VOLUNTEER  PARENT/GUARDIAN OTHER FRIEND/FAMILY MEMBER  SELF PREFER TO NOT SAY OTHER: | | | |

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| **PERSON WHO IS BEING REPORTED** | | | |
| NAME (First) (LAST) | | | |
| TEAM/PROGRAM - | GENDER - | AGE (appox) - | |
| POSITION HELD - COACH ATHLETE TRAINER VOLUNTEER PARENT  OTHER: | | |  |

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| **ALLEGED OFFENSIVE INFORMATION** |
| TYPE OF VIOLATION (*check all that apply*): |
| Bullying Harassment Physical Misconduct Emotional Misconduct Child Abuse (emotional and/or physical)  Sexual Misconduct  Aiding and Abetting Misconduct Related to Reporting  Other: |
| Incident Location Occurred: |
| Date Offense was observed: |
| Description of observed offense: |

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| **VICTIM OR VICTIMS INFORMATION** | | | |
| NAME (First) | | | |
| TEAM/PROGRAM - | GENDER - | | AGE (appox) - |
| ADDITIONAL INFORMATION: | |  | |

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| **WITNESS INFORMATION** | | |
| NAME (First) | | |
| TEAM/PROGRAM - | GENDER - | AGE (appox) - |
| PHONE: | EMAIL: |  |
| RELATIONSHIP TO THE PARTIES INVOLVED: | | |

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| **ADDITIONAL INFORMATION** |
| Please include any other information you feel would be helpful to an investigation of the alleged offense that you are reporting: |
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