

SafeSport Authorization Act of 2017

Incident Report Document

All Reports will remain confidential to protect the identities of those involved.

Background Information of (circle one): Reporting Party, Responding Party, Third Party, Witness

The **REPORTING PARTY** is the person alleging a violation of the *Code*.

The **RESPONDING PARTY** is the person who is alleged to have violated the *Code*.

A **THIRD PARTY REPORTER** is a person who reports a possible violation of the *Code*, that is not the Reporting Party. A

WITNESS is someone who saw or has personal knowledge of a possible violation of the *Code*.

NOTICE: YOU MAY REPORT ANONYMOUSLY. If you choose to report anonymously, please write **ANONYMOUS** where it says, "Name." If you would prefer to report by phone, please call SafeSport's hotline at 720-531-0340.

Name: _____

Title/Position held: _____

Sport/Organization: _____

Date: _____

Phone number: _____

Email address: _____

Involved Parties:

Please list the individuals involved, as well as any other information you would like to share regarding the incident:

Name(s): _____

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Please provide a detailed description of the incident/concern using **specific**, concise and objective language (Who, what, where, when, why, and how).

Once completed, please deliver document to Organization Board of Directors and have them submit a copy to SafeSport (I.E. Risk Management Department).

CONTACT 9-1-1 IMMEDIATELY IF YOU'RE FACING A LIFE-THREATENING EMERGENCY