

HYHA Safe Sport Incident Reporting Form

Information on the person you are reporting:

Name: _____

Gender: ___Male ___Female

Approximate Age: _____

State: _____

City: _____

Hockey Program where individual works: _____

Position(s) this individual holds or held: (check all that apply)

___ Head coach

___ Assistant coach

___ Official/Referee

___ player

___ Employee for local program

___ Volunteer

___ Team manager

___ Not sure

___ Other

Type of offense: (check all that apply)

___ Sexual Abuse

___ Sexual Harassment

___ Bullying

___ Physical Abuse

___ Emotional Abuse

___ Threats

___ Harassment

___ Hazing

___ Other

Where did the incident take place? (City, State, Rink, Other information):

Describe what happened: (Who, What, When, Where)

Information on the victim:

Name: _____

Age: _____

Gender: ____Male ____Female

State: _____

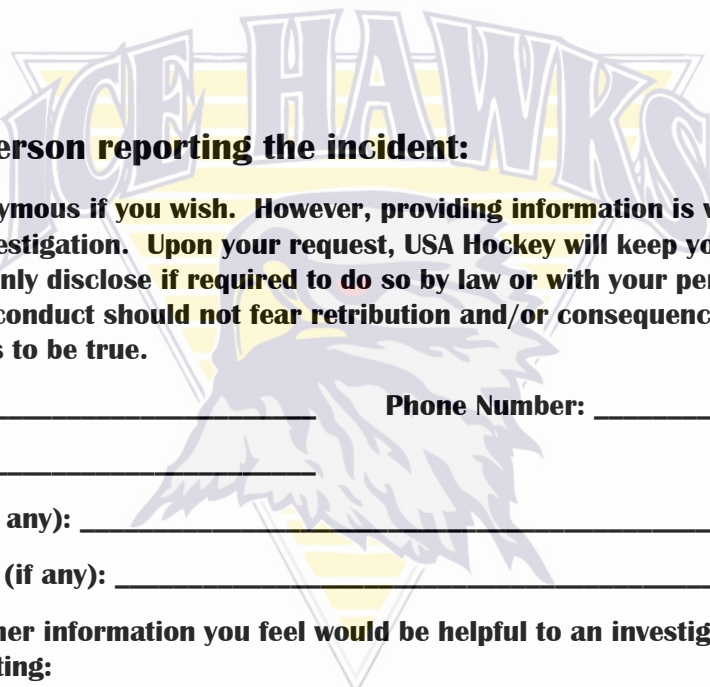
City: _____

Program affiliation: _____

Phone Number: _____

Email: _____

Note: If victim is under 18, please provide contact information for his/her parent or guardian.



Information on person reporting the incident:

You may remain anonymous if you wish. However, providing information is very helpful for a swift and effective investigation. Upon your request, USA Hockey will keep your identity confidential and will only disclose if required to do so by law or with your permission. A person reporting alleged misconduct should not fear retribution and/or consequence when filing a report he/she believes to be true.

Name: _____

Phone Number: _____

Email: _____

Program affiliation (if any): _____

Relationship to victim (if any): _____

Please provide any other information you feel would be helpful to an investigation of the alleged offense you are reporting:

Submit form to HYHA Safe Sport Coordinator ANGELA TOLDNESS 406-390-1375 angtoad@yahoo.com