

REPORT FORM

The NSCD strongly encourages the reporting of misconduct. The NSCD appreciates your willingness to report inappropriate behavior.

Sport Protection Reporting

Offender Information

This section is about the individual you are reporting. Please provide as much information as possible.

Name of Individual you are reporting (First & Last): _____

Gender (circle one): Male Female

Address: _____

Street Address, City, State / Province / Region

City, State required

Position(s) this individual holds or held (circle answer):

Head Coach/Instructor
Assistant Coach
Employee
Volunteer
Other/Not sure

Organization where individual works and/or volunteers or worked/volunteered previously:

Incident Information

This section asks questions about the incident or incidents you are reporting. Please provide as much specific information as you are able.

Type of Offense (i.e. what happened?):

Where did the incident or incidents take place? (City, State and any other available location information)

Please Describe what happened: (Including... Who, What, When, Where)

Victim Information

This section is for information about the victim or victims. If you are the victim and wish to remain anonymous, you may do so. In that case, please enter only your age, city, state, and chapter affiliation.

Name: _____

Age (or approximate age): _____

Chapter/Organizational Affiliation (if any): _____

Contact phone number (Note, if this person is under 18, please provide contact information for his/her parent or guardian): _____

Contact Email address (if this individual is under 18, please provide contact information for parent or guardian): _____

Gender (circle one): Male Female

Reporter's Information

You may remain anonymous if you wish. However, providing your information is vastly helpful to a swift and effective investigation. A person reporting alleged misconduct should not fear any retribution and/or consequence when filing a report he or she believes to be true.

Name: _____

Phone Number: _____

Email Address: _____

Chapter Affiliation (if any): _____

Relationship to victim (if any) (circle answer):

- ☐ Self
- ☐ Parent/Guardian
- ☐ Other Family Member
- ☐ Friend or Acquaintance
- ☐ Chapter Member, Coach or Volunteer
- ☐ Other or Prefer not to say

Other Information

If you have any other information that you feel would be helpful to an investigation of the alleged offense you have reported, please enter it here:
