



## Ethics Violation/Grievance Reporting Form

(Attach all relevant information to this form)

### **ATTENTION: If this is a SafeSport Violation relating to:**

- Sexual Misconduct, including without limitation child sexual abuse and any misconduct that is reasonably related to an underlying allegation of Sexual Misconduct
- Criminal Charges or Dispositions involving Child Abuse or Sexual Misconduct
- Misconduct Related to Reporting, where the underlying allegation involves Child Abuse or Sexual Misconduct;
- Aiding and Abetting, when it relates to the Center's process
- Misconduct Related to the Center's Process
- Other Inappropriate Conduct, as defined herein
- Violations of the Minor Athlete Abuse Prevention Policies (MAAPP)

**Please file a report directly to SafeSport here:**

[REPORT TO SafeSport](#)

**In addition, you may also fill out this form and send it in.**

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**1. Date of Incident:** \_\_\_\_\_

**2. Respondent (Individual for whom is alleged to have committed a violation and the grievance is filed against):**

**Name:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**3. Is the individual a member? Coach, Official, Athlete, Other?** \_\_\_\_\_

### **4. SUMMARY OF INCIDENT**

Please attach a summary, supporting documents/items and list specific details of USARS rule/policy violated.  
(Consult General Rules Manual, USARS Policies, Website, and other relevant references)

5. **WITNESSES OR DOCUMENTED VERIFICATION** (*Provide names and addresses OR copies of printed materials*).

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6. **WHERE DID INCIDENT OCCUR? Please identify and specify location details:**

- Competition Site- \_\_\_\_\_
- Club Location- \_\_\_\_\_
- Other Location- \_\_\_\_\_

7. **PLEASE IDENTIFY TO WHOM THE INCIDENT WAS REPORTED AND WHEN.**

USARS Official- \_\_\_\_\_  
Club Officer- \_\_\_\_\_  
Local Authorities- \_\_\_\_\_  
Other- \_\_\_\_\_

8. **HAS THIS VIOLATION BEEN REPORTED TO THE US CENTER FOR SAFESPORT?**

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9. **HAS THIS VIOLATION BEEN REPORTED TO LAW ENFORCEMENT OR OTHER CIVIL AUTHORITIES? IF SO, PLEASE SPECIFY CONTACT INFORMATION AND PLEASE INCLUDE SUPPORTING DOCUMENTATION.**

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10. **NAME OF THE PERSON FILING THIS PROTEST (YOUR NAME). Are you a member? Coach, Official, Athlete, Other?**

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11. **ADDITIONAL INCIDENT INFORMATION**

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**I certify that the above information is accurate, truthful, and complete to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form by EMAIL  
[compliance@usarollersports.org](mailto:compliance@usarollersports.org)

or  
by MAIL- 4730 South Street, Lincoln, NE 68506