



2022-2023
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.

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*).

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?**

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

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

11. **ADDITIONAL INCIDENT INFORMATION**

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

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