



USA FENCING FENCESAFE ABUSE/ MISCONDUCT REPORTING FORM

Reporting Abuse and Misconduct

USA Fencing recognizes it can be difficult for an athlete, teammate, friend or family member to report an allegation of misconduct and strives to remove as many barriers to reporting as possible.

USA Fencing requires reporting of physical, sexual or other misconduct by any member and strongly encourages reporting of any concerns relating to SafeSport.

USA Fencing appreciates your willingness to report inappropriate behavior. By submitting this form, you are giving permission to USA Fencing's FenceSafe Program staff to contact you. Reports of sexual abuse or misconduct will be forwarded to the U.S. Center for SafeSport.

You may remain anonymous if you wish. However, where appropriate, the investigative process may require further input and anonymous reporting may make it difficult for USA Fencing and / or the U.S. Center for Safesport to move forward with an investigation.

A report of abuse, misconduct or policy violation that is malicious, frivolous or made in bad faith is prohibited. Such reports will be considered a violation of USA Fencing's FenceSafe policies and grounds for disciplinary action. Depending on the nature of the allegation, a person making a malicious, frivolous or bad-faith report may also be subject to civil or criminal proceedings.

* Must be completed

Respondent

The respondent is the participant who is alleged to have violated the [U.S. Center for SafeSport Code/USA Fencing FenceSafe policies](#).

Provide as much information as possible about the person you are reporting.

First Name * _____

Last Name * _____

Position or Role * _____

Age or Approximate Age * _____

Gender (check one)* Male Female

Club Affiliation _____

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

- Head Coach Assistant Coach Athlete
 Official Staff / Volunteer Other _____

ALLEGED MISCONDUCT INFORMATION

Please provide as much specific information as you are able.

Type of Misconduct (check or insert all that apply) *

- Bullying Emotional Harassment Physical misconduct
- Hazing Code of Conduct Other _____
- Sexual (report will be forwarded to the U.S. Center for SafeSport)
- Minor Athlete Abuse Prevention Policy (One-on-One Interactions, Medical Treatment, Lodging, Transportation, E-Communication, Locker Room/Changing Areas)

Location(s) where the incident(s) took place: * _____
City, state, specific location, etc. or "Unknown."

Date(s) or Approximate Date(s) of Misconduct: * _____

Description of Alleged Misconduct: * Please include as much detail as possible (use separate sheet if necessary)

CLAIMANT

Claimant is the person alleged to have experienced conduct that constitutes a Code violation. Please identify the claimant below. If you wish the claimant to remain anonymous (whether yourself or someone else), then please enter the name as *Anonymous*. You may also be unaware of who the claimant is. In this case, please enter, "*Unknown*."

First Name (or *Anonymous* or *Unknown*):* _____

Last Name (or *Anonymous* or *Unknown*):* _____

Age or Approximate Age * _____

Gender: Male Female

Additional Information:

Fill this section out if additional claimants are involved.

First Name (or *Anonymous* or *Unknown*):* _____

Last Name (or *Anonymous* or *Unknown*):* _____

Age or Approximate Age * _____

Gender: Male Female

Additional Information: (use separate sheet if necessary)

YOUR NAME AND RELATIONSHIP TO CLAIMANT(S)

At your option, you may identify yourself and your relationship to the claimant. Alternatively, you may remain anonymous if you wish. However, where appropriate, the investigative process may require further input, and therefore anonymous reporting may make it difficult for USA Fencing to move forward with an investigation.

First Name (or *Anonymous* or *Unknown*):* _____

Last Name (or *Anonymous* or *Unknown*):* _____

Phone: (_____) _____ - _____

Email Address: _____

Relationship to claimant:

- | | |
|--|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> Other Family Member | <input type="checkbox"/> Friend or Acquaintance |
| <input type="checkbox"/> Club Member | <input type="checkbox"/> Coach or Volunteer |
| <input type="checkbox"/> Prefer Not to Say | Other _____ |

INDIVIDUAL(S) WHO MAY HAVE ADDITIONAL INFORMATION

List anyone who may be able to provide *additional information* regarding the alleged offense. We will not identify you when we contact these individuals.

First Name (or *Anonymous* or *Unknown*):* _____

Last Name (or *Anonymous* or *Unknown*):* _____

Phone: (_____) _____ - _____

Email Address: _____

Relationship to claimant:

- | | |
|--|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> Other Family Member | <input type="checkbox"/> Friend or Acquaintance |
| <input type="checkbox"/> Club Member | <input type="checkbox"/> Coach or Volunteer |
| <input type="checkbox"/> Prefer Not to Say | Other _____ |

ADDITIONAL INFORMATION

Please provide any other information that you feel would be helpful to an investigation of the alleged violation you have reported.