GMAS Sport Protection Reporting

| GMAS strongly encourages the reporting of misconduct. GMAS appreciates your willingness to report inappropriate behavior. |
|---|
| Date: |
| Offender Information |
| This section is about the individual you are reporting. Please provide as much information as possible. |
| Name of the person you are reporting: |
| Gender Male Female Prefer not to answer |
| • Address: |
| Position(s) this individual holds or held: (please check all applicable) Head Coach / Instructor Assistant Coach Volunteer Other / Not sure |
| Organization where individual works and/or volunteers or worked/volunteered previously: |

Incident Report

This section asks questions about the incident or incidents you are reporting. Please provide as much specific information as you are able. Please use the back if you need more space.

| • | Type of Offense (i.e. what happened?) |
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| | |
| | 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) |
| | |
| | |
| | |
| | Was anyone else present/aware or a witness of the incident? If yes, please give name and any useful information. |
| | |

| | Were other organizations contacted? (Police, Department of Children and Families, S Mountain Resort, etc.) If so, please give details. |
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| Vic | tim Information |
| rema | section is for information about the victim or victims. If you are the victim and wish to in anonymous, you may do so. In that case, please enter only your age, city, state, and ter affiliation. |
| • | Name of the victim: |
| • | Gender |
| | o Male |
| | FemalePrefer not to answer |
| | o Prefer not to answer |
| • | Age (or approximate age): |
| • | Chapter/Organizational Affiliation (if any): |
| • | Name of guardian or parent to contact (if applicable) |
| • | Contact phone number (Note, if this person is under 18, please provide contact inform for his/her parent or guardian): |
| • | Contact Email address (if this individual is under 18, please provide contact informat |

Reporter 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 of the reporter |
|---|---|
| • | Phone number |
| • | Email |
| • | Chapter Affiliation (if any): |
| • | Relationship to the victim (if any): Self Parent / Guardian Other Family Member Friend or Acquaintance Chapter Member, Coach or Volunteer Other or Prefer not to say |
| • | 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: |
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