USA SWIMMING SAFE SPORT REPORTING FORM

ng requires reporting of sexual misconduct by any member and strongly encourages reportinç
ıting to safe sport. USA Swimming appreciates your willingness to report inappropriate behavi
s form, you are giving permission to USA Swimming's Safe Sport Program staff to contact you

t for the importance of this issue and to encourage honest and effective reporting, knowingly
ctive report will not be tolerated and may be a violation of USA Swimming's Code of Conduct.

ing Reported

nuch information as possible about the person you are reporting.

First name *

Last name *

r Approximate Age

Gender ☐ Female ☐ Male

tion (*or None*) * ☐

individual holds or held * ☐ Head Coach ☐ Assistant Coach ☐ Athlete ☐ Official ☐ Other

fense Information

nuch specific information as you are able.

e as much detail as possible) *

f victim(s) involved the alleged offense

- ◯ I am not aware of any victim(s) involved in the alleged offense
- ◯ I am aware of a victim(s) involved

---

ictims

victim and wish to remain anonymous, you may do so. In that case, please enter your name a
You may also be unaware of who the victim is. In that case, please enter Unknown.

(*or Anonymous or Unknown*) * ?

(or Anonymous or Unknown) * ?

r Approximate Age

Affiliation (*or None*)

ditional Information

---

on out if additional victims are involved.

First Name

Last Name

r Approximate Age

Affiliation (*or None*)

Gender ◯ Female ◯ Male

ditional Information

Affiliation (*or None*)

First Name

Last Name

(include area code)

E-mail Address

Affiliation (*or None*)

omitted By

ain anonymous if you wish. However, providing your information is vastly helpful to a swift ar . All reports are kept strictly confidential by Safe Sport Program staff. A person reporting alle should not fear any retribution and/or consequence when filing a report he/she believes is true ade in good faith is a violation of the USA Swimming Code of Conduct.

(*or Anonymous or Unknown*) *

(*or Anonymous or Unknown*) *

(include area code)

E-mail Address

wimming Member * ◯ Yes ◯ No ◯ Not Sure

LSC

Affiliation (*or None*)

hip to victim (*if any*) ☐ Self ☐ Parent/guardian

☐ Other family member ☐ Friend or Acquaintance

☐ Club member ☐ Coach or volunteer

Submit