

SUBMITTED BY

Full name:			
Position/Title:			
		Date(s) of incident:	
Email address:			
Involved Parties Please list the individuals invadditional pages as necessa	-	including as many of the listed fields as pos	sible. Add
Reporting Party (person a	lleging t	the violation)	
Name:			
Gender:	Role:	DOB	3:
Phone:		Email:	
		s alleged to have conducted the violated)	
			3:
Phone:		Email:	
Third Party Reporter (per	son who	o reports a possible violation, in addition to	Reporting Party)
Name:			
Club/League:			
Gender:	Role:	DOB	3:
Phone:		Email:	
,		s personal knowledge of a possible violation	,
			3:
Phone:		Email:	

Questions
Please provide a detailed description of the incident/concern using specific concise, objective language (Who, what, where, when, why, and how).
If you are a Covered Adult (an individual over the age of 18 who is subject to SafeSport policies), you are also required to report all instances of possible child abuse and/or neglect to appropriate law enforcement.
If so, have you reported to appropriate law enforcement authorities? □ Yes □ No - visit www.childwelfare.gov
Additional Information or Supporting Documentation
Photos, video, email, and other supporting documents may be submitted below or attached to the email when submitted.

Please submit the form to the VYSA Risk Management Coordinator, Kristen Osteen at Kristen@vysa.com