

**SUBMITTED BY**

Full name:

Position/Title (Parent, Coach, Player, Team Admin, etc.):

Phone number:

Email address:

Date(s) of incident:

**Involved Parties**

*List the individuals involved with as many fields as possible. Add additional pages as necessary.*

**Reporting Party** (person alleging the violation, if different than you)
Name:

Team/Program:

Gender: Role: DOB: / / (MM-DD-YYYY)

Phone: Email:

**Responding Party** (person who is alleged to have conducted the violation)
Name:

Team/Program:

Gender: Role: DOB: / / (MM-DD-YYYY)

Phone: Email:

**Third Party Reporter** (person who reports a possible violation, in addition to Reporting Party, if applicable)

Name:

Team/Program:

Gender: Role: DOB: / / (MM-DD-YYYY)

Phone: Email:

**Witness** (someone who saw or has personal knowledge of a possible violation, if applicable)

Name:

Team/Program:

Gender: Role: DOB: / / (MM-DD-YYYY)

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 – please refer to the club’s SafeSport page for local law enforcement information.

**Additional Information or Supporting Documentation**

*Photos, video, email, and other supporting documents may be submitted below or provided separately when submitted.*

Please submit the form to the SafeSport Liaison at SafeSport@loudounsoccer.com