





"Fueling the Passion"

Wildcats Hockey Club Reporting Policy

USA Hockey's and the Wildcats Reporting Policy is a key part of its SafeSport Program and an effective reporting policy is crucial to preventing abuse. Section IV of the SafeSport Handbook contains specifics on the Reporting Policy.

The Policy requires that every employee or volunteer of any USA Hockey Member Program must report (1) actual or perceived violations of the USA Hockey SafeSport Program Handbook, (2) any violations of the policies prohibiting Sexual Abuse, Physical Abuse, Emotional Abuse, Bullying, Threats and Harassment, and Hazing, and (3) suspicions or allegations of child physical or sexual abuse to the appropriate USA Hockey representatives.

Additionally, in all cases involving suspicions or allegations of child physical or sexual abuse, every employee or volunteer of USA Hockey Member Programs must also report to the appropriate law enforcement authorities.

To make a report to USA Hockey, you may do so either by: (1) clicking on <u>"Report to USA Hockey"</u> and completing the Reporting Form, (2) emailing to <u>SafeSport@usahockey.org</u>, or (3) calling 800-888-4656.

Reports may also be made to the Affiliate SafeSport Coordinator. To make a report to your Affiliate SafeSport Coordinator Jaime Campbell please email CAHAJaime@gmail.com.

Please use the separate reporting form to gather all information.

REPORTING FORM

INFORMATION ON THE PERSON YOU ARE REPORTING: Name: ______ Age or Approximate Age: _____ Gender: Male_____ Female_____ City: _____State: _____ Hockey program individual is affiliated with: Position(s) this individual holds or held: Head Coach _____Official/Referee_____ Assistant Coach_____ Player_____ Employee for local program____Other____ Volunteer/Team Manager _____Not sure_____ Type of Offense (check all that apply): Sexual Abuse_____Sexual Harassment_____ Physical Abuse_____ Bullying_____ Emotional Abuse Threats Harassment____ Hazing Has a report been filed with Police/Authorities: Yes _____No____ Name of Police Dept/Authority: City:_____State:____ Contact Person:_____ Case Number:____ Has anyone else at USA Hockey been notified or contacted: Yes_____ No____ Name: Title: Where did the incident take place (City, State, Rink, Other Information): Describe what happened (Who, What, When, Where):

USA Hockey SafeSport	Report	
INFORMATION ON TH	E VICTIM:	
Victim First and Last Na	ame:	
Age:	Gender: Male	Female
City:State:		
Program Affiliation:		
Phone Number:		
Email address:		
NOTE: If victim is under	r 18, please provide con	tact information for his/her parent or guardian.
INFORMATION ON PE	RSON REPORTING IN	CIDENT:
swift and effective investigation confidential and will only	stigation. Upon your req y disclose if required to nduct should not fear re	ver, providing information is very helpful for a uest, USA Hockey will keep your identity do so by law or with your permission. A person tribution and/or consequence when filing a report
First and Last Name of	Reporter:	
Phone Number:		
Email address:		
Program Affiliation (if ar	ıy):	
Relationship to Victim (i	f any):	
Please list any other with	tnesses and contact info	ormation (if known):
Name of Witness: Relat	tionship/Title: Phone/En	nail:
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Please provide any other information you feel would be helpful to an investigation of the alleged offense you are reporting: