

APPENDIX A)

The reporting form

FORM FOR REPORTING CONCERNS	
Whistle Blowers Information	
Name	
Age / Date of Birth	
Nationality	
Physical Address	
Telephone	
E-Mail Address	
Relationship to the victim	
Position on harassment:	<input type="checkbox"/> Witness <input type="checkbox"/> Someone reported you <input type="checkbox"/> Victim <input type="checkbox"/> Other (specify)
Victim's Information	
Name	
Age / Date of Birth	
Nationality	
Physical Address	
Telephone	
E-Mail Address	
Victim is:	<input type="checkbox"/> Athlete <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Official <input type="checkbox"/> Other (specify)
Other information (Young athlete, impaired athlete...)	

Detail of the harassment or abuse	
Nature of the incident:	<input type="checkbox"/> Psychological Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Commercial exploitation <input type="checkbox"/> Other (Specify)
Date, time, place, country of the incident	
Information about the harasser or abuser if possible (identity, contact...)	
The incident is:	<input type="checkbox"/> Suspicion of harassment or abuse <input type="checkbox"/> Recognised harassment or abuse
Explication of the incident (as accurate as possible)	
Any action taken before the report (relevant authorities):	<input type="checkbox"/> Yes (specify which one) <input type="checkbox"/> No
Other information	
All information in this document is strictly confidential.	