

**Camp Randall Rowing Club
SAFESPORT INCIDENT REPORT FORM**

Name of individual(s) you are reporting: _____

_____ Date of report: _____

Position individual(s) holds or held:

| | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Head Coach | <input type="checkbox"/> Rower |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Other |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Chaperone | |

Date of incident: _____

Location of incident: _____

Witnesses: _____

Description of incident (Use other side if more space is needed):

Reported by (please give your first & last name, email and phone number): _____

Would you like to be contacted? YES NO By whom: _____

*** please note: you may remain anonymous, however, providing information is very helpful to those conducting an effective investigation.*

Options for reporting: Head Coach/Administrator: deposit in lockbox at boathouse (or) email or call Erik Miller: president@camprandallrc.org, phone #206-200-6952 (or) send to Carole Bain: Camp Randall Rowing Club, P.O. Box 258160, Madison, WI 53725