

ONLINE INTAKE FORM

Eagle Mount Billings strongly encourages the reporting of misconduct. Eagle Mount Billings appreciates your willingness to report inappropriate behavior.

DSUSA SPORT PROTECTION REPORTING

Offender Information

This section is about the individual you are reporting. Please provide as much information as possible.

Name of Individual you are reporting (First & Last):

Gender:

Street:

City:

State:

Zip:

Position(s) this individual holds or held:

Executive Director

Program Director

Staff member

Volunteer

Other/Not Sure

Organization where individual works and/or volunteers or worked/volunteered previously:

Incident Information

This section asks questions about the incident or incidents you are reporting. Please provide as much specific information as you are able

Type of Offense (i.e. what happened?)

Where did the incident or incidents take place? (City, State and any other available locations information)

Please Describe what happened: (Including...Who, What, When, Where)

Victim Information

This section is for information about the victim or victims. If you are the victim and wish to remain anonymous, you may do so. In that case, please enter only your age, city, and state and chapter affiliation.

Name:

Age (or approximate age):

Chapter/Organizational Affiliation (if any):

Contact phone number (Note, if this person is under 18, please provide contact information for his/her parent or guardian):

Contact Email address (if this individual is under 18, please provide contact information for parent or guardian):

Gender:

Reporter's Information

You may remain anonymous if you wish. However, providing your information is vastly helpful to an s swift and effective investigation. A person reporting alleged misconduct should not fear any retribution and/or consequence when filing a report he or she believes to be true.

Name:

Phone Number:

Email Address:

Chapter Affiliation (if any):

Relationship to victim (if any):

Self

Parent/Guardian

Other Family Member

Friend or Acquaintance

Chapter Member, Coach or Volunteer

Other or Prefer not to say

Other Information

If you have any other information that you feel would be helpful to an investigation of the alleged offense you have reported, please enter it here: