# **ONLINE INTAKE FORM**

Dreams In Motionstrongly encourages the reporting of misconduct. Dreams In Motionappreciates your willingness to report inappropriate behavior.

**Dreams in Motion 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): Click or tap here to enter text.

Gender: [ ]  Male [ ]  Female

Address: Click or tap here to enter text.

City, State required

Position(s) this individual holds or held:

[ ]  Coach/Instructor [ ]  Volunteer [ ]  Board Member [ ]  Other/Not Sure

Organization where individual works and/or volunteers or worked/volunteered previously: Click or tap here to enter text.

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?): Click or tap here to enter text.

Where did the incident or incidents take place? (City, State, and any other available location information) Click or tap here to enter text.

Please describe what happened: (Including…Who, What, When, Where) Click or tap here to enter text.

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, state, and chapter affiliation.

Name: Click or tap here to enter text.

Age (or approximate age): Click or tap here to enter text.

Chapter/Organizational Affiliation (if any): Click or tap here to enter text.

Contact phone number (Note, if this person is under 18, please provide contact information for his/her parent or guardian): Click or tap here to enter text.

Contact Email address (Note, if this individual is under 18, please provide contact information for his/her parent or guardian): Click or tap here to enter text.

Gender: [ ]  Male [ ]  Female

Reporter’s Information

You may remain anonymous if you wish. However, providing your information is vastly helpful to a 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: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Chapter Affiliation (if any): Click or tap here to enter text.

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: Click or tap here to enter text.

Please email this form to info@dreamsinmotioninc.com.