

Dreams in Motion Sport Protection Reporting

Dreams in Motion strongly encourages the reporting of misconduct. Thank you for your willingness to report inappropriate behavior. Please fill out the information below and return the form to a Dreams in Motion Board Member or other staff/officer or email the form to info@dreamsinmotioninc.com with the subject line "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 Address:

City:

State:

Position(s) this individual holds or held:

Head Coach/Instructor

Employee/Staff/Board Member

Volunteer

Fellow Athlete

Other/Not

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.

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

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

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: