

MIAMI ROWING CLU3

SAFE SPORT REPORT FORM

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

Today's Date:	
Date of Incident:	
Name of Individual you are reporting (First Name,	Last Name):
Approximate age:	
Gender:	
☐ Male	
☐ Female	
☐ Other	
Their Address (City, State):	
Position this individual holds or held (please list a	I that apply):
☐ Head Coach	
☐ Assistant Coach	
☐ Club employee	
☐ Volunteer	
☐ Official	
☐ Athlete	
☐ Other	
□ Not Sure	

Mailing address: 3109 Grand Avenue, Suite 332 • Miami, Florida 33133



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Clubs where individual is a member, works or volunteer and/or was a member, worked or volunteered at:
Comments:
SECTION II: 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 take place?: (i.e City, State, any other available location information)
Please describe what happened (including the who, what, when, where)

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SECTION III: This section is 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 club affiliation.

Victim Name:
Victim Age:
Victim City and State:
Victim's club affiliation if any:
Victim's contact number (Note: If under 18, provide contact for the parent/ legal guardian victim's contact phone number)
Victim's contact email (Note: If under 18, provide contact for the parent/ legal guardian victim's contact email)
Victim's Gender:
☐ Female
☐ Male
☐ Other

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