

II. APPENDIX A: REPORT FORM

REPORTING FORM

If you or someone you know are in immediate danger you should contact law enforcement authorities in your country.

Please provide as much information as you feel comfortable.

Please send the completed report to icfethics@canoeicf.com

Reporter personal information

Full name

Date of birth

Nationality

Address

E-mail address

Telephone number

Relationship with the alleged victim

What is your connection with the incident

- Witness
- Someone reported to you
- Victim
- Other (specify)

Victim's information

Full Name	
Date of birth	
Nationality	
Address	
e-mail address	
Telephone number	
The victim is	<input type="checkbox"/> Athlete <input type="checkbox"/> Athlete with disability <input type="checkbox"/> Female <input type="checkbox"/> Child (age) <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Official <input type="checkbox"/> Other (please specify) _____
Details of the harassment and/or abuse facts	
Date, Time, place and Country where the incident happened	

Information regarding the perpetrator (identity and contact if possible)	
Accurate incident explanation	
Actions taken before producing this report. Report to authorities (eg.: police)	<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Other information	
All the information contained on this document is strictly confidential.	