Incident Report Form: Misconduct or Abuse Concern

CONFIDENTIAL. Use this form to record a disclosure, observation, or allegation of abuse or misconduct. Completing this form does not replace your duty to report to law enforcement, child protective services, or the U.S. Center for SafeSport where applicable. Record facts only. Do not include opinions or conclusions.

Important notice: This is a free sample safety document. It is a starting point, not a finished policy, and it is not a legal document or legal advice. Laws differ by location. Have a qualified attorney review and adapt it for your academy before use. Academy Safe is not responsible for errors or missing information in this document, or for how it is used. In an emergency, call 911.

Academy name: _____

Academy address: _____

Effective date: _____

Last reviewed: _____

Reporter Information

Name of person completing this form: _____

Role at academy: _____

Phone or email: _____

Date and time form completed: _____

Concern Details

Date and time of disclosure or observation: _____

Location: _____

Name of person who may have been harmed: _____

Age if minor: _____

Name and role of person of concern: _____

How the concern came to your attention: Disclosure / Observed / Third party report / Other: _____

What was said, in the reporter's or child's own words (use quotation marks):

_____

_____

_____

_____

_____

What was observed (facts only, no opinions):

_____

_____

_____

_____

Other people present or possible witnesses: _____

Immediate Safety Actions

Steps taken to keep the person safe and remove the person of concern from contact:

_____

_____

_____

Records and video preserved? Yes / No Describe: _____

Notifications

Agency or person notified	Name of contact	Date	Time	Report or case number

☐ Law enforcement
☐ State or provincial child protective services
☐ U.S. Center for SafeSport (where applicable)
☐ Parent or guardian (unless advised otherwise by authorities)
☐ Academy owner or designated safety contact

Follow Up

Follow up actions and dates:

_____

_____

_____

Signatures

Person completing report name: _____

Signature: _____

Date: _____

Academy owner or designated safety contact name: _____

Signature: _____

Date: _____

Storage: keep this form in a locked or access restricted file. Share only with those who need to know.

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Academy Safe is a verification registry for martial arts academies. It is not a legal authority, and use of this template does not by itself mean an academy is accredited.