



### IMOCA SAFEGUARDING REPORTING FORM

Please be aware that submitting your report is a significant process that may have serious implications for the individuals involved. It is crucial to ensure the accuracy of the observed facts and reported comments to avoid potential defamation. Furthermore, it is important to note that making a false report could lead to legal consequences under current laws.

Kindly complete this form with as much accuracy as possible. Your report will be managed with the utmost confidentiality and sensitivity. Only authorized personnel involved in the investigation and resolution process will have access to the details of your report.

Upon submission of your report, a specialist will thoroughly review the provided information and take appropriate action. These measures may include conducting a comprehensive investigation, offering support services to those affected, and implementing preventive measures to mitigate the risk of similar incidents in the future.

PERSON BEING REPORTED	
Name: (First Name) (Last Name)	
Gender:	Age (or approx):
Position that this person holds or held: <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Skipper <input type="checkbox"/> Team Personnel <input type="checkbox"/> IMOCA Personnel <input type="checkbox"/> IMOCA Provider <input type="checkbox"/> Other _____	
Email:	Mobile Number:

ALLEGED OFFENCE INFORMATION
Type of offence (check all that apply): <input type="checkbox"/> Psychological Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Negligence <input type="checkbox"/> Exploitation <input type="checkbox"/> Other _____
Location Incident(s) Occurred :
Date(s) of Alleged Offences:
Description of Alleged Offences:

VICTIM OR VICTIMS' INFORMATION	
Name: (First Name) (Last Name)	
Gender:	Age (or approx):
Position:	
Email:	Mobile Number:
Additional information:	

REPORT SUBMITTED BY	
Name: (First Name) (Last Name)	
From which federation are you a member?	
Email:	Mobile Number:
Did you witness the alleged offence(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to victim: <input type="checkbox"/> Self <input type="checkbox"/> Colleague <input type="checkbox"/> Family Relation <input type="checkbox"/> Friend/Acquaintance <input type="checkbox"/> Coach/Volunteer <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other _____	
Signature: _____	

ADDITIONAL INFORMATION
Any other information that you feel would be helpful to an investigation of the alleged offence you have reported:

**CONTACT DETAILS OF OTHER ORGANISATION(S), AUTHORITY(IES), COURT(S), AND/OR POLICE (IF APPLICABLE) INFORMATION**

If any other organisation(s), authorities, court(s), and/or the police have been informed of the allegations, please provide us with any relevant details:

**INDIVIDUAL(S) WHO MAY HAVE ADDITIONAL INFORMATION**

Name: (First Name) (Last Name)

Gender:

Age (or approx):

Relationship to Parties Involved:

Brief explanation of the additional information (if known):

Email:

Mobile Number: