**CALGARY WEST SOCCER CLUB**

REPORT A CONCERN OR VIOLATION

As a member of the Calgary West Soccer Club (CWSC), you have a duty to report instances of abuse and/or harassment directed at yourself and/or other members.

Under Provincial Legislation, **if you have reasonable grounds to suspect that a participant is or may be suffering from emotional abuse, physical abuse, and/or sexual abuse, you should immediately report the suspicion and the information on which it is based to the local child protection agency and/or the local police department. In Alberta, call the Child Abuse hotline 1-800-387-KIDS (5437).**

Violation(s) or Incident(s) of Concern

**Name of Program / Event / Competition where the violation(s) or incident(s) took place:**

Click or tap here to enter text.

 **Date:** Click or tap to enter a date.

**Location:** Click or tap here to enter text.

**Who was involved?**

To the best of your ability, describe all parties involved. **For each person**, state their:

* First and last name
* Role (i.e. coach, athlete, parent)
* How they were involved, targeted or affected by the misconduct
* Club affiliation (if applicable)
* Full name of parent(s) or guardian(s) for anyone under 18 years of age

Click or tap here to enter text.

**Who witnessed the misconduct?**

To the best of your ability, describe all who witnesses the incident. **For each witness**, state their:

* First and last name
* Full name of parent(s) or guardian(s) for anyone under 18 years of age

Click or tap here to enter text.

**Describe the violation(s) or incident(s) of concern**

Provide any other information you may have, including information about the circumstances leading up to the incident and any response made.

Click or tap here to enter text.

 **Description of Reasonable Evidence:**

Click or tap here to enter text.

**If you contacted the authorities, please provide the following:**

Date of contact: Click or tap to enter a date.

Time of contact: Click or tap here to enter text.

Department contacted (name of person) and if a report was filed:

Click or tap here to enter text.

Report ID or Number: Click or tap here to enter text.

Your Contact Information (Optional)

**First and Last Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

 **Email Address:** Click or tap here to enter text.

 **Home Phone:** Click or tap here to enter text. **Mobile Phone:**  Click or tap here to enter text.

**Are you over 18 years of age?** [ ]  YES [ ]  NO

**How do you prefer to be contacted**? [ ]  Home Phone [ ]  Mobile Phone [ ]  Email

**Are you the parent or guardian of an CWSC member?**  [ ] YES [ ]  NO

**Submit to:** **report@calgarywestsoccer.com**