NICA
NATIONAL
INTERSCHOLASTIC
CYCLING ASSOCIATION

# Suspected athlete abuse/neglect

## *Form for coaches*

*Once completed, please submit via the NICA Coach Help Desk. Keep the content and copies of these reports secure and confidential.*

| **NAME OF PERSON MAKING THE REPORT** | **DATE** |
|---|---|
| | |

| **LEAGUE AND TEAM AFFILIATION** (if applicable) | **NICA POSITION/TITLE** |
|---|---|
| | |
| **ADDRESS** | **CELL NUMBER** |
| | |

| **INFORMATION ABOUT SUSPECTED OR KNOWN ABUSE/NEGLECT** | |
|---|---|
| Nature of suspected or known abuse | |
| Reason to believe that the child is a victim, include the sources of your information | |
| Was the abuse during NICA programming: Yes or No | |
| Describe the nature and extent of suspected abuse/neglect. | |

| **INFORMATION ABOUT THE CHILD** | |
|---|---|
| Full name of child | |
| Sex: male, female, other | |
| Gender identity | |
| Race | |

| | |
|---|---|
| Age | |
| Birthdate | |

| INFORMATION ABOUT THE SUSPECTED ABUSER | |
|---|---|
| Name | |
| Relationship to child | |
| Relationship, if any, to NICA | |
| Relationship, if any, to the NICA student athlete or other volunteers | |

| INFORMATION ABOUT THE ABUSE REPORTING AUTHORITY | |
|---|---|
| Name of the reporting authority | |
| Location of department | |
| Telephone number | |
| Email | |

| SIGNATURE OF REPORTER | DATE |
|---|---|
| | |

| OFFICIAL NICA USE ONLY | |
|---|---|
| *Date/time when called or report was electronically submitted* | |
| *Person to whom the report was made* | |