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FEI INCIDENT REPORTING FORM

Please fill out the information below to the best of your knowledge. Out of respect for the importance of this issue and to encourage honest and effective reporting, knowingly making a false or vindictive report will not be tolerated and may be a violation of the FEI's Rules & Regulations.

DEDOON BEING DEDOOTED			
PERSON BEING REPORTED			
Name: (First)	(Last)		
FEI #(if applicable):	Gender:	Age (or approx):	
Discipline (if applicable):			
Position this individual holds or held:			
☐ Coach ☐ FEI Official ☐ Trainer ☐ At	hlete 🗆 FEI Staff 🗆 Other		
ALLEGED OFFENCE INFORMATION			
Type of offence (check all that apply): □ Psychological Abuse □ Physical Ab □ Other		□ Sexual Abuse	□ Neglect
Location Incident(s) Occurred:			
Date(s) of Alleged Offences:			
Description of Alleged Offences:			
VICTIM OR VICTIMS' INFORMATION			
VICTIM OR VICTIMS' INFORMATION Name: (First)	(Last)		
	(Last) Gender:	Age (or approx):	
Name: (First)		Age (or approx):	
Name: (First) FEI #(if applicable):		Age (or approx):	
Name: (First) FEI #(if applicable): Discipline (if applicable):		Age (or approx):	
Name: (First) FEI #(if applicable): Discipline (if applicable):		Age (or approx):	
Name: (First) FEI #(if applicable): Discipline (if applicable):	Gender:	Age (or approx):	
Name: (First) FEI #(if applicable): Discipline (if applicable): Additional Information:	Gender:	Age (or approx):	
Name: (First) FEI #(if applicable): Discipline (if applicable): Additional Information: INDIVIDUAL(S) WHO MAY HAVE ADDITIO	Gender: NAL INFORMATION	Age (or approx): Phone:	
Name: (First) FEI #(if applicable): Discipline (if applicable): Additional Information: INDIVIDUAL(S) WHO MAY HAVE ADDITIO Name: (First)	Gender: NAL INFORMATION (Last)		
Name: (First) FEI #(if applicable): Discipline (if applicable): Additional Information: INDIVIDUAL(S) WHO MAY HAVE ADDITIO Name: (First) FEI #(if applicable):	Gender: NAL INFORMATION (Last)		
Name: (First) FEI #(if applicable): Discipline (if applicable): Additional Information: INDIVIDUAL(S) WHO MAY HAVE ADDITIO Name: (First) FEI #(if applicable): Discipline (if applicable):	NAL INFORMATION (Last) Email:		

Email: safeguarding@fei.org Website: inside.fei.org

Date:	/	/	
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Name: (First) (Last)	
Are you an FEI member? Yes No	
FEI # (if applicable): Email: Phone:	
Did you witness the alleged offence(s)?: □ Yes □ No	
Relationship to victim: Self Parent/Guardian Other family relation Friend/Acquaintance Coach/Volunteer Prefer not to say 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)	
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:	