

Attachment 2

## IPC REPORT FORM: GAMES TIME HARASSMENT OR ABUSE

### CONFIDENTIALITY/ANONYMITY/REQUIRED REPORTING

Before we begin, it is important that I explain to you a few things about what will happen with the information you might share with me. Our primary commitment to you is to treat this information as confidential, sharing it only with the small number of individuals who are authorised by the IPC to address these matters.

During this process, we will ensure that your identity (or any identifying information) will not be shared with third parties or in any required aggregate reporting, subject to what may be required by law or by an IPC hearing panel formed to address this matter. Naturally, you may give us permission at any time to share your identify information with third parties.

Given the nature of these matters and the information that you might share with me, the IPC may be required by law to share your identity information with law enforcement officials. This especially is likely if you are not a legal adult (i.e., you are a minor). If you are an adult by law, you may choose not to involve the criminal justice system in this matter. If, however, you do wish to involve the criminal justice system, then you likely will be required to share your identify information with law enforcement officials.

### PERSONAL DETAILS

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Nationality: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Accreditation Number: \_\_\_\_\_



**TELL US ABOUT THE INDIVIDUAL OR ENTITY YOU WANT TO REPORT**

Name of individual or entity\*: \_\_\_\_\_

Nationality\*: \_\_\_\_\_

Contact information (if available): \_\_\_\_\_

\_\_\_\_\_

**TELL US ABOUT THE CASE**

**What happened?\***

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**When did it happen?\***

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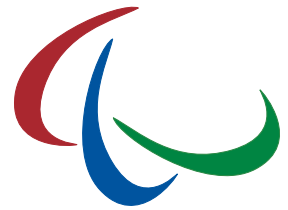
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**Where did it happen?\***

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**Do you think it will happen again?\***    No     Yes

**If yes, when and when do you think it will happen again?**

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**Do other people know of this offence and could have additional information about it?\***

No     Yes

**If yes, please provide details:**

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I hereby state that all information contained within this Report is true and agree that the completed Report will be submitted to the few individuals designated by the International Paralympic Committee who will assess, investigate and/or report some or all of the information contained herein.\*

Yes  No

\* Mandatory fields

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IPC Welfare Officer for the Competition:**

\_\_\_\_\_  
Name [printed]

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Note.** Documentation may be submitted to the IPC Medical Committee via correspondence with the IPC Medical Manager ([medical@paralympic.org](mailto:medical@paralympic.org)), or handed in at the IPC Medical Committee Offices in the Polyclinic in the Athletes Village.*