

Disclosure of Misconduct or Inappropriate Behavior



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This report should be completed for any situation during or outside a Special Olympics event where a participant creates a behavior problem that violates the code of conduct, is detrimental to participating athletes, or affects the positive image of Special Olympics. Participants are defined as, but not limited to, athlete, coach, volunteer or family member.

HOD AND/OR COACH MUST NOTIFY SPECIAL OLYMPICS TEXAS WITHIN 24 HOURS OF THE INCIDENT.

Forms should be sent to the Vice President of Field Services.

Fax: 512.835.7756

Email: vp_fs.chp@sotx.org

PERSON COMPLETING THIS REPORT		
Last Name	First Name	MI
Delegation Code _____ - _____	Date of Incident	
Address	City/State/Zip	
Home Phone ()	Cell Phone ()	
SOTX Role <input type="radio"/> HoD <input type="radio"/> Coach <input type="radio"/> Volunteer <input type="radio"/> Family <input type="radio"/> Athlete <input type="radio"/> Other:		

WHO WAS INVOLVED IN THE MISCONDUCT OR INAPPROPRIATE BEHAVIOR?		
Last Name	First Name	MI
Delegation Code _____ - _____	Date of Incident	
Address	City/State/Zip	
Home Phone ()	Cell Phone ()	
SOTX Role <input type="radio"/> HoD <input type="radio"/> Coach <input type="radio"/> Volunteer <input type="radio"/> Family <input type="radio"/> Athlete <input type="radio"/> Other:		

Last Name	First Name	MI
Delegation Code _____ - _____	Date of Incident	
Address	City/State/Zip	
Home Phone ()	Cell Phone ()	
SOTX Role <input type="radio"/> HoD <input type="radio"/> Coach <input type="radio"/> Volunteer <input type="radio"/> Family <input type="radio"/> Athlete <input type="radio"/> Other:		

WITNESSES		
Last Name	First Name	MI
Delegation Code _____ - _____	Date of Incident	
Address	City/State/Zip	
Home Phone ()	Cell Phone ()	
SOTX Role <input type="radio"/> HoD <input type="radio"/> Coach <input type="radio"/> Volunteer <input type="radio"/> Family <input type="radio"/> Athlete <input type="radio"/> Other:		

Last Name	First Name	MI
Delegation Code _____ - _____	Date of Incident	
Address	City/State/Zip	
Home Phone ()	Cell Phone ()	
SOTX Role <input type="radio"/> HoD <input type="radio"/> Coach <input type="radio"/> Volunteer <input type="radio"/> Family <input type="radio"/> Athlete <input type="radio"/> Other:		

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WHERE DID THE INCIDENT OCCUR?
Name of SOTX Event
City
Exact Location <i>Example: training site, competition venue, locker room, hotel room, committee meeting, bus, etc.)</i>

WHEN DID THE INCIDENT OCCUR?		
Date	Day	Time

DESCRIBE THE INCIDENT

FOLLOW-UP
What action or follow-up occurred on-site or to date? Check here if not involved in follow-up. <input type="radio"/>
Was a police report filled out? <input type="radio"/> Yes <input type="radio"/> No

SOTX USE ONLY	
RESULT / Action taken	
Date by which SOTX chapter or area office will notify parties involved	
Time frame for the result / action? <i>(e.g., suspended for a year, overnight travel restricted for a month, etc.)</i>	
Beginning Date	End Date

SOTX REPRESENTATIVES INVOLVED IN THE PROCESS		
Name	Title	Phone ()
Name	Title	Phone ()
Name	Title	Phone ()
Name	Title	Phone ()