

## INTAKE FORM

Children's Lightning Wheels (CLW) strongly encourages the reporting of misconduct. CLW appreciates your willingness to report inappropriate behavior. If you would like to report an incident, please click [HERE](#) to fill out a form. You can see a copy of it below.

### ***CLW's Sport Protection Reporting Form***

Please fill out this form if you would like to report an incident and/or person, and email completed form to the following email address: [LCaligiuri@childrens-specialized.org](mailto:LCaligiuri@childrens-specialized.org). You may also print and mail the completed form to:

Children's Specialized Hospital  
Attn: Children's Lightning Wheels  
150 New Providence Road  
Mountainside NJ 07092

#### **Offender Information**

This section is about the individual you are reporting. Please provide as much information as possible.

Name of Individual you are reporting (First & Last):

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Gender:

- ☐ Male  
☐ Female  
☐ Other: \_\_\_\_\_

Address of Offender (if known):

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Position(s) this individual holds or held:

- ☐ Head Coach / Instructor  
☐ Assistant Coach  
☐ Board Member  
☐ Classifier  
☐ Official / Referee  
☐ Volunteer  
☐ Other: \_\_\_\_\_

Organization(s) where the individual works and/or volunteers or worked/volunteered previously:

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## Incident Information

This section asks questions about the incident or incidents you are reporting. Please provide as much specific information as you can.

Type of Offense (what happened?):

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Where did the incident or incidents take place? (City, State, and any other location information):

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Please describe what happened (Including Who, What, When, and Where):

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## Victim Information

This section is for information about the victim or victims. If you are the victim and wish to remain anonymous, you may do so. In that case, please enter your age, city, state, and team affiliation or as many of those details as you feel comfortable including.

Name:

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Age (or approximate age):

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Team/Organization Affiliation (if any):

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Contact phone number (If this person is under 18, please provide contact information for his/her parent or guardian):

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Contact Email address (If this person is under 18, please provide contact information for his/her parent or guardian):

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Gender:

☐ Male

☐ Female

☐ Other: 

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## Reporter's Information

You may remain anonymous if you wish, but providing your information is very helpful for a swift and effective investigation. We will not retaliate or take any negative action against anyone filing a report that the reporter believes to be true.

Name:

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Phone Number:

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Email Address:

Team/Organization Affiliation (if any):

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Relationship to victim (if any):

- ☐ Self
- ☐ Parent / Guardian
- ☐ Other Family Member
- ☐ Friend or Acquaintance
- ☐ Team Member, Coach, or Volunteer
- ☐ Other or Prefer not to say

## Other Information

If you have any other information that you feel would be helpful to an investigation of the alleged offense you have reported, please enter it here:

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