

## APPENDIX 2 REPORTING FORM

This Safeguarding Reporting Form may be used:

- to provide information to World Baseball Softball Confederation (WBSC) in relation to potential safeguarding concern(s);
- to officially report (either anonymously or not) the incident occurred; or
- to document the report received via email or verbal format.

This form should be returned by email to the following address: [safeguarding@wbsc.org](mailto:safeguarding@wbsc.org)

Please provide as much information as you can/wish to. Please note that anonymous reporting is possible but may restrict or prevent the proper investigation of incidents. As per [WBSC Safeguarding from Harassment and Abuse Rules](#), your identity will not be disclosed to persons beyond those responsible for investigating your report, without your explicit consent.

### ABOUT THE PERSON REPORTING

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Your Full Name:

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Your Position / Profession:

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Your Organisation:

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Your Phone Nr. +

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Your e-mail address:

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Your relationship to the person(s)  
about whom you are raising this  
safeguarding concern:

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### ABOUT THE INDIVIDUAL / ENTITY REPORTED ON

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Name(s) of person(s) or entity to  
whom the safeguarding concern or  
incident relates:

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Occupation of person(s) or entity  
about whom you are raising this  
safeguarding concern:

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Any other info relevant to the report  
(gender, ethnicity, disability etc):

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## ABOUT THE INCIDENT

*Please attach any evidence of relevant material / documentation.*

How did you learn about this incident?

- ☐ Directly: The incident happened to you.
- ☐ Eyewitness: You have first-hand knowledge of the incident.
- ☐ Second-hand: You know of the incident via a friend, teammate, or acquaintance.
- ☐ Other

What happened?

When did it happen?

Where did it happen?

Do you think or know it will happen again?

☐ No ☐ Yes

Do other people know and could have additional info about it?

☐ No ☐ Yes

Any other relevant information:

Action taken so far:

## PUBLIC AUTHORITY CONTACTED

Police ☐ No ☐ Yes (Location: \_\_\_\_\_)

- Name and contact number: \_\_\_\_\_

- Details of advice received: \_\_\_\_\_

Child/Adult Protection Service ☐ No ☐ Yes (Name: \_\_\_\_\_)

- Name and contact number: \_\_\_\_\_

- Details of advice received: \_\_\_\_\_

Other ☐ No ☐ Yes (Name: \_\_\_\_\_)

- Name and contact number: \_\_\_\_\_

- Details of advice received: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Report Person

\_\_\_\_\_  
Signature

*By signing and submitting this document, you are stating that all information contained within this Report is true, that you read and understood the WBSC Safeguarding from Harassment and Abuse Rules and that if deemed appropriate by WBSC, you are agreeing that WBSC share the information reported with the relevant governing body or competent state authorities.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location

\_\_\_\_\_  
Event Name

\_\_\_\_\_  
Name of Safeguarding Officer

\_\_\_\_\_  
Signature