

Report to the Anti-Violence, Anti-Harassment and Anti-Discrimination Officer

1. Reporting Person Information:

- Full Name: _____
- Age: _____
- Role in the Club (e.g. athlete, parent, coach, manager, other): _____
- Phone number: _____
- Email: _____

2. Information about the Person to be protected (if different from the Reporting Person):

- Full Name: _____
- Age: _____
- Role in the Club (e.g. athlete, coach, manager, other): _____
- Phone number _____
- Email _____

3. Information on the Person Potentially Responsible:

- Full Name: _____
- Age: _____
- Role in the Club (e.g. athlete, coach, manager, other): _____
- Phone number _____
- Email _____

4. Subject of the Report:

- ☐ Physical harassment
- ☐ Psychological harassment
- ☐ Sexual harassment
- ☐ Violence
- ☐ Discrimination (specify type: _____)
- ☐ Other (specify: _____)

5. Event Details:

- Event date: _____
- Time of the event: _____
- Event location: _____

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- Detailed description of the event:

6. Witnesses to the Event:

- Full Name: _____

- Role

- Phone number _____

- Email _____

- Full Name: _____

- Role

- Phone number _____

- Email _____

- Full Name: _____

- Role

- Phone number _____

7. Email _____

8. Any Actions Already Taken:

- Has the event been reported to anyone yet? ☐ Yes ☐ No

- If so, to whom? _____

- Actions taken so far:

9. Other Useful Information:

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10. Declarations and Consent to the Processing of Personal Data:

I hereby confirm the truthfulness of the aforementioned report and am aware of the responsibilities and consequences of anyone who files a report that does not correspond to the truth:

I consent to the processing of my personal data and the data subject's personal data (if applicable) in accordance with EU Regulation 2016/679 (GDPR) and Italian Legislative Decree 196/2003 for purposes related to processing of the report.

☐ Yes ☐ No

I declare that I have read and accepted the Organizational Model of Sport Management (MOG) and the Code of Conduct of Bocconi Sport Team SSD a r.l.

I consent to the transmission of this report or its contents to the Safeguarding Office of the Body of affiliation of Bocconi Sport Team SSD a r.l. and to the competent sports authorities.

Signature of the reporting person (if a minor, the guardian or person with parental responsibility)

Date: _____

For acknowledgment:

The Anti-Violence, Anti-Harassment and Anti-Discrimination Officer
