



ACA Safe Sport Incident Report

Alpine Canada Alpin (ACA) and its Provincial and Territorial Sport Organizations (PTSOs) are committed to fostering a safe, inclusive, and respectful environment for all participants in the skiing community. Guided by the principles outlined in ACA's [Safe Sport Policy](#), and in alignment with the **Canadian Safe Sport Program (CSSP)** and the **Universal Code of Conduct to Prevent and Address Maltreatment in Sport (UCCMS)**, this incident report form is a vital tool in upholding the integrity and safety of our sport.

Safe Sport is about more than just preventing harm; it's about creating a culture where every athlete, coach, official, and volunteer feels supported, protected, and empowered. Reporting incidents of maltreatment, misconduct, or unsafe practices is a courageous and essential step toward ensuring accountability and continuous improvement within our sport system.

This form was developed by ACA for information purpose and is designed to support individuals in documenting and reporting concerns in a clear, confidential, and respectful manner.

For any questions or concerns, please contact safesport@alpinecanada.org.

THE INCIDENT FORM WAS COMPLETED BY:

Name	
Role (e.g., coach, parent, PTSO lead)	
Email	
Phone Number	
Club	
Province	
How would you prefer to be contacted?	<div>Email</div> <div>Phone</div>

ABOUT THE INCIDENT:

Date	
Location	

Name and contact information of the Affected Person				
Name of the person committing the alleged Maltreatment				
Alleged Maltreatment	Physical Grooming	Psychological Discrimination	Sexual False allegation	Neglect
Describe the incident				

Have you reported the incident to the Police?	Yes	No
Have you reported the incident to ACA's Independent Third Party?	Yes	No
Immediate actions that have been taken to date.		

SUPPORTING EVIDENCE:

List of documents, photos, videos, witness statements or other relevant material	
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DESIRED OUTCOMES:

What the reporter hopes will happen (e.g., investigation, support, resolution)	
Any safety concerns?	
Request for anonymity?	Yes No

DECLARATION AND CONSENT:

I confirm that the information provided in this report is accurate to the best of my knowledge.

I consent to share this report with appropriate authorities and ACA, Manager, Safety & Risk, for further action.

Signature	
Date	