

WORLD KARATE FEDERATION

OFFICIAL COMPLAINT FORM

This form has been created as a means to report any case of serious misconduct, harassment and abuse that you or someone you know is facing. As a victim or a witness, you are encouraged to fill in the following report.

❖ **Do you want to stay anonymous?** No Yes

- If Yes: Go to the next question.
- If No: Fill in your personal information below:

Your Full Name:
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Phone:	Email:
City:	Country / National Federation:
Club:	Head Coach:

❖ **Which individual or entity do you want to report?**

Your Full Name:		
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
City:	Country / National Federation:		
Position:			
<input type="checkbox"/> Head Coach	<input type="checkbox"/> Peer	<input type="checkbox"/> National Official	<input type="checkbox"/> Friend
<input type="checkbox"/> Coach	<input type="checkbox"/> Referee	<input type="checkbox"/> Medical Staff	<input type="checkbox"/> Entourage Member
<input type="checkbox"/> Teammate	<input type="checkbox"/> Club/National Staff	<input type="checkbox"/> Family Member	<input type="checkbox"/> Other
Any additional information to add:			

❖ **Who is the victim, who has been harassed?** Me Someone else, I am a witness

❖ **What type of misconduct are you reporting?**

<input type="checkbox"/> Physical violence, injuries, punching, beating, fighting	<input type="checkbox"/> Hazing, deprivation, sexual simulations, forced acts	<input type="checkbox"/> Discrimination on gender, race, culture, religion, disability
<input type="checkbox"/> Verbal violence, sexual verbal advances, verbal abuse	<input type="checkbox"/> Emotional abuse, aggressive behaviour, humiliating, degrading	<input type="checkbox"/> Sexually-oriented comments, jokes, inappropriate behaviour
<input type="checkbox"/> Bullying, threats, harassment, intimidating, unwanted touching	<input type="checkbox"/> Nonconsensual sexual abuse, rape, sexual assaults	<input type="checkbox"/> Sexually explicit electronic, messages, pictures, videos

❖ **Please describe with details what happened (attach evidence if possible):**

❖ **Where did the misconduct take place?**

Location : Club, Street...
City :
Country :

❖ **When did the misconduct occur?**

When?	Date :		
On multiple occasions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, twice (2)	<input type="checkbox"/> Yes, many times
For how many years?	<input type="checkbox"/> One (1) year	<input type="checkbox"/> Two (2) years	<input type="checkbox"/> Many years

❖ **What was your first reaction when the harassment occurred?**

<input type="checkbox"/> I kept quiet	<input type="checkbox"/> Nothing, I feared retaliation	<input type="checkbox"/> I told a friend/peer
<input type="checkbox"/> I told the harasser to stop	<input type="checkbox"/> I told my Coach/Trainer	<input type="checkbox"/> I told a family member
<input type="checkbox"/> I told my Club/Federation Officials	<input type="checkbox"/> I didn't know what to do	<input type="checkbox"/> I told Medical Staff

❖ **Similar cases:**

Are you alone in your situation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are other athletes concerned by the same situation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you witnessed a similar case?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

❖ **Please detail the witnessed cases:**

❖ **Have you got any other useful information for the report ? If yes, please tell us:**

Thank you for completing the form to report your case or a case that you have witnessed.
 Please feel free to attach any supporting documents when you email us this form.
 This report will be treated confidentially, and you will be kept fully informed of the results.

**I declare that ALL the information regarding this incident detailed in the above report is entirely true.
 I request that the investigation into my case is conducted in a fair and ethical manner.
 It is NOT my intention to use false statements to unjustly harm individuals mentioned in the report.**

Full Name:

Date:

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This form must be emailed to the WKF Safeguarding Officer via:

safekarate@wkf.net