**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: Male Female Other |
| Phone: . . . . . . . . . . . . . . . . . . . . . . . . .  | Email: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |
| City: . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Country / National Federation: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |
| Club: . . . . . . . . . . . . . . . . . . . . . . . . . .  | Head Coach: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |

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

|  |  |
| --- | --- |
| Your Full Name:  |  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |
| Age: . . . . . . . . . . .  |  Gender: Male Female Other |
| City: . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Country / National Federation: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |
| Position:

|  |  |  |  |
| --- | --- | --- | --- |
| Head Coach | Peer | National Official | Friend |
| Coach | Referee | Medical Staff | Entourage Member |
| Teammate | Club/National Staff | Family Member | 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?**

|  |  |  |
| --- | --- | --- |
| Physical violence, injuries, punching, beating, fighting | Hazing, deprivation, sexual simulations, forced acts | Discrimination on gender, race, culture, religion, disability |
| Verbal violence, sexual verbal advances, verbal abuse | Emotional abuse, agressive behaviour, humiliating, degrading | Sexually-oriented comments, jokes, inapropriate behaviour |
| Bullying, threats, harassment, intimidating, unwanted touching | Nonconsensual sexual abuse, rape, sexual assaults | 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? | No  | Yes, twice (2)  | Yes, many times |
| For how many years? | One (1) year  | Two (2) years  | Many years  |

* **What was your first reaction when the harassment occured?**

|  |  |  |
| --- | --- | --- |
| I kept quiet | Nothing, I feared retaliation | I told a friend/peer |
| I told the harasser to stop | I told my Coach/Trainer | I told a family member |
| I told my Club/Federation Officials | I didn't know what to do | I told Medical Staff |

* **Similar cases:**

|  |  |  |
| --- | --- | --- |
| Are you alone in your situation? | No | Yes |
| Are other athletes concerned by the same situation? | No | Yes |
| Have you witnessed a similar case? | No | 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:***

 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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

**safekarate@wkf.net**