



IPC SAFEGUARDING INCIDENT REPORT: GAMES-TIME HARASSMENT OR ABUSE

Attachment 2
Version 1 January 2026



INTERNATIONAL PARALYMPIC COMMITTEE



Attachment 2

IPC SAFEGUARDING INCIDENT REPORT: GAMES-TIME HARRASSEMENT OR ABUSE

Confidentiality, Anonymity and Required Reporting

The International Paralympic Committee (IPC) treats all safeguarding concerns very seriously and handles every report with care, respect, and confidentiality. Information provided in this form will be handled confidentially and shared only with a limited number of authorized IPC officials responsible for addressing these matters.

The identity of the individual reporting (or any identifying information) will not be disclosed to third parties, except:

- Where required by law,
- Where required for mandatory reporting to law enforcement or safeguarding authorities, or
- Where disclosure is directed by an IPC hearing panel

In cases involving minors or other vulnerable individuals, legal obligations may require the IPC to share information with law enforcement or child protection agencies.

If the matter does not involve the criminal justice system, the IPC will continue to manage the case internally in accordance with its safeguarding procedures. However, if external reporting is legally mandated, the IPC is required to cooperate fully with the relevant authorities.

On the coming pages, you will be asked to provide your personal details, if not submitting anonymously, and details about the incident.

Alternatively, you can submit your report via the digital IPC Safeguarding Reporting form [here](#).



Reporter Details (leave blank if submitting anonymously)

You may report anonymously by omitting your identifying information. However, remaining anonymous may limit the ability to investigate and/or respond to the information you provide.

Mandatory fields are marked with an asterisk ()*

Personal Information

First name: _____
Last name: _____
Nationality: _____
Accreditation number: _____
Phone number: _____
Email: _____

Details of the Individual or Entity Being Reported

Name of individual or entity*: _____
Nationality*: _____
Contact information: _____

Details of the Incident

Date of Incident: _____
Location of incident: _____

On the coming pages, you will be asked to select from check box options in relation to the incident details and provide further details about the incident where relevant.



Select one of the following check boxes:

- The incident occurred over multiple days
- The incident did not occur over multiple days.

Select one of the following check boxes:

- This report involves allegations or concerns of child abuse or child sexual abuse
- This report does not involve allegations or concerns of child abuse or child sexual abuse

Select one of the following check boxes:

- I believe there is a risk of this happening again.
- I do not believe there is a risk of this happening again

If you do believe there is a risk of this happening again, please provide further details below (e.g. where/when):

Select one of the following check boxes:

- There are other individuals who may have knowledge of this incident or additional information
- There are no other individuals who may have knowledge of this incident or additional information.



If there are other individuals who may have knowledge of this incident or additional information, please provide details below:

Select one of the following check boxes:

- I have supporting material relating to the incident (e.g. Messages; photos; documents; etc.)
- I do not have supporting material relating to the incident (e.g. Messages; photos; documents; etc.)

If you have supporting material to the incident, please describe this below or attach in your submission:

On the next page, you will be asked to provide your signature and declare the report is to the best of your knowledge.



Declaration

I declare that, to the best of my knowledge, the information provided in this report is accurate. I understand that this report will be shared only with designated IPC officials who are authorised to assess and address safeguarding matters.

Reporter Signature:

Reporter Printed Name:

Date:

IPC Welfare Officer for the Competition

Welfare Officer Printed Name and Signature:

Date:

Note: Documentation may be submitted online, to the IPC Medical Expert Advisory Group (MEAG) via correspondence with the IPC Medical and Scientific Lead (medical@paralympic.org), or handed in at the IPC Medical Offices in the Polyclinic in the Athletes Village.



INTERNATIONAL PARALYMPIC COMMITTEE

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