



USPC REPORT OF SUSPECTED CHILD ABUSE or INCIDENT FORM

Please send a copy of completed form marked *Personal and Confidential* to:
United States Pony Clubs Inc. (USPC), Attn: Youth Protection
4041 Iron Works Parkway, Lexington, KY 40511

Affected Party/Pony Club Member:

Last Name: _____ First Name: _____

Date of Birth: _____ M ___ F ___

Street Address: _____

City, State, Zip: _____ Telephone: _____

Parent/Guardian: _____ Telephone: _____

Street Address (if different from above): _____

City, State, Zip: _____

Present location of affected person/Pony Club member: _____

Name of Club/Center and Region: _____

Abuse Indicators Observed:

Give any physical indicators observed: _____

Give any behavioral indicators involved/observed: _____

Other indicators observed/ known: _____



Incident Information:

Date of Incident: _____ Time of Incident: _____ am pm

Police Report Filed? Yes ___ No ___ If yes, Report # and date: _____

Officer Name & Badge #: _____

Location of Incident: _____

Describe how the incident occurred (attach a separate sheet if necessary): _____

Witness Information (Confidential):

Last Name: _____ First Name: _____

Street Address: _____

City, State, Zip: _____ Telephone: _____

Email Address: _____

Alleged/ Suspected Abuser Information:

Last Name: _____ First Name: _____

Street Address: _____

City, State, Zip: _____ Telephone: _____

Email Address: _____ Pony Club Position (if any): _____

Person/Volunteer Completing This Form:

Last Name: _____ First Name: _____

Street Address: _____

City, State, Zip: _____ Telephone: _____

Email Address: _____ Date form completed: _____