

INDIANA PGA SECTION REPORTING FORM

Submit Form To:

Mike David

Executive Director– Indiana Golf Office

mdavid@indianagolf.org

317-739-3016

Name of Complainant: _____

Contact Information of Complainant:

Type of Misconduct Alleged:

Bullying

Hazing harassment

Sexual Harassment

Emotional Misconduct

Physical Misconduct

Sexual Misconduct

Other Misconduct _____

Name(s) of the individual(s) alleged to have committed the misconduct:

Approximate dates the misconduct was committed:

Names of other individuals who might have information regarding the alleged misconduct:
