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# **Story Bank Information**

* Athlete name:
* Athlete contact information:
* What happened?
* Has the athlete or his/her representative reported this to anyone else? Who?
* Does the athlete consent to his/her story being shared (social, traditional media; newsletters; advocacy) *with* identifying information?
* Does the athlete consent to his/her story being shared (social, traditional media; newsletters; advocacy) *without* identifying information?
* Brief athlete bio (age, family members, years in Special Olympics, sports, etc.):

Please share particularly compelling stories that you have the athlete’s and family’s permission to share with your Regional Health Manager (RHM). Please also be sure to provide these individuals with information on how to register/file an official complaint (see Appendix 5 for guidance).