

## SAA 2020 Onsite Disclosure/Report Form (Members and Event Participants)

If you believe that you have been subjected to violations of the meeting Code of Conduct, you may initiate the process with SAA by completing this form and submitting it to SAA President and/or Executive Director (onsitereporting.saa@gmail.com).

**Disclosure** (hereinafter “Disclosure” or “Disclosures”) occurs when an Attendee notifies the SAA of a violation of the Code of Conduct or other misconduct or discomfort and requests assistance from the SAA to enable the Attendee’s continued safe participation in SAA activities. The violation may have occurred at an SAA event or elsewhere, or at any point in the past. Disclosure does not require further investigation or identifying the Subject Individual(s). Disclosure does not require naming the Attendee to the Subject Individual(s) or to the SAA. A Disclosure may be also made to the SAA President or Executive Director.

**Reporting** (hereinafter “Report” or “Reports”) occurs when an Attendee notifies the SAA of a violation of the Code of Conduct, and requests that the SAA review the matter and take action against the Subject Individual to enable the Attendee’s continued safe participation in SAA activities. A Report may be made to the SAA President or Executive Director.

You may leave any information below blank if you wish.

### YOUR INFORMATION

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work/Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Select Preferred Communication Method:    Email   Phone   In person

### DISCLOSURE/REPORT INFORMATION

1. Your Disclosure/Report is made about the following Subject Individual. Please note for “disclosures” you do not need to name any individuals.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Work/Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2. Please describe what happened and how it is affecting you and, if applicable, your professional activities. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) harassment occurred:

Is the harassment continuing?  Yes  No

4. Please list the name and contact information of any witnesses or individuals who may have information related to your Disclosure/Report:

*The last question is optional, but may help the inquiry.*

5. Have you previously reported, expressed to another person, or provided information (oral or written) about related incidents?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Any meeting attendee may reach out to the SAA Meeting Ombuds.** This is an independent, informal and confidential process that enables attendees to discuss any matter of discomfort or distress. Connecting with the Ombuds is a separate process from a Disclosure or a Report to the SAA, but might be a valuable resource to you. The topic of concern may have occurred at an SAA event or elsewhere or at any point in the past. In Austin, if you would like to visit an Ombuds in person, the Ombuds office will be in Austin Hilton room 612. Additional contact information is printed on the backside of your SAA Annual Meeting badge.