

SAA 2020 Advance Disclosure/Report Form

If you have credible evidence that an individual who may attend the SAA Annual Meeting has been found, by a court of competent jurisdiction or an administrative or regulatory body, to have engaged in conduct or actions contrary to the ideals, objectives, and accepted standards of the Society as set forth in these Bylaws, Board policies, or the SAA Principles of Archaeological Ethics, you may initiate the process with the SAA by completing this form and submitting it to the SAA President (president@saa.org) or SAA Executive Director (exdir@saa.org) by email or by phone (202-789-8200).

Disclosure occurs when an Attendee notifies the SAA President or Executive Director that an individual of concern may attend a future meeting and requests assistance from the SAA to ensure 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 Member(s). Disclosure does not require naming the Attendee to the Subject Member(s) to the SAA.

Reporting occurs when an Attendee notifies the SAA President or Executive Director that an individual of concern may attend a future meeting, and requests that the SAA review the matter and take action to ensure the Attendee's continued safe participation in SAA activities. Reporting requires that an Attendee identify the Subject Individual and submit credible evidence. According to SAA policy, *credible* is defined as evidence that the Subject Individual has been found, by a court of competent jurisdiction or an administrative or regulatory body, to have engaged in conduct or actions contrary to the ideals, objectives, and accepted standards of the Society.

If you are more comfortable reporting any incident by speaking with someone, you may do so by phoning 202-789-8200.

Advance reports for the 2020 Annual Meeting must be received before **March 23, 2020** in order for the Findings Verification Committee to have adequate time to review the information.

You may leave any information below blank if you wish.

YOUR INFORMATION

Name:

Home/Cell Phone:

Work/Home Address:

Phone:

Job Title:

Email:

Select Preferred Communication Method: Email Phone In person

DISCLOSURE/REPORT INFORMATION

1. Your Disclosure/Report of is made about:

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 as many relevant documents or evidence concerning external determinations and administrative findings as possible.

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:

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

6. Is there a current finding about which you have knowledge?

Signature: _____

Date: _____