**CODE OF CONDUCT INCIDENT REPORTING**

The VSPMA takes all allegations of violations of its Events/Conference Code of Conduct very seriously. The VSPMA will strive to keep the identity of the individual making the claim and the reported information as confidential as possible, consistent with the need to conduct an adequate review and to comply with applicable laws. Violators will be dealt with in accordance with the Code of Conduct.

Please fill out as many questions as possible to ensure a thorough investigation may be conducted and appropriate action is taken.

* Please provide your name and contact information (affiliation, e-mail address, cell phone number). With your permission, this will allow us to contact you if we need additional details.

\*Required Field

* First Name and Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[example@example.com](mailto:example@example.com)

* Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please enter a valid phone number w/ area code.

* What is the name and dates of the meeting you are/were attending?
* Who is the meeting organizer or person in charge of running the meeting you are attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is the meeting located in-person or held virtually, or at an off-site location? If off-site, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How were you involved in the incident? Directly (the behavior was directed towards you) Indirectly (you observed the behavior or were informed by another person) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please describe the incident. Include as many details as possible (names and affiliations of people involved, what happened, when did it take place, where did the incident occur

* If needed, may we follow up with you?

No or Yes

* Please share any additional details in the space below that you feel may assist an investigation of the incident.

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* **FORM SUBMISSION**

Forms may be printed, completed by hand, then scanned and email to any board member. Board member email information can be found at vspma.org

Or,

The documents can be electronically filled out and saved. The document could then be emailed to a board member and attached.