

NASPA Discrimination/Harassment Report Form

It is the policy of NASPA not to discriminate on the basis of race, color, national origin, religion, sex, age, gender identity, gender expression, affectional or sexual orientation, veteran status, or disability in any of its policies, programs, publications, and services. NASPA prohibits discrimination and harassment at any time, including during its events or within publications and online learning communities.

NASPA participants are expected to conduct themselves in all NASPA capacities, events, and settings with:

- Consideration and respect in their speech and actions and in their personal, professional and business conduct;
- Honesty in their professional relationships;
- Respect for individuals' personal boundaries and conduct;
- Behavior that is free from:
 - Demeaning, discriminatory, insulting, or harassing language or actions, in person or online;
 - Harassment of any kind, including but not limited to unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment.

Please use this form to report discrimination or harassment you have experienced or witnessed taking place at a NASPA program/event or occurring while you or others have acted in a NASPA-related capacity. Starred questions are required. You can report anonymously or submit with your name and contact information for follow-up by NASPA staff.

1. To the best of your knowledge, on what basis did the discrimination or harassment take place? Please check all that apply: *

- | | | |
|--|---|--|
| <input type="checkbox"/> Ability | <input type="checkbox"/> Immigrant/citizenship status | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Age | <input type="checkbox"/> Language | <input type="checkbox"/> Racial identity |
| <input type="checkbox"/> Color | <input type="checkbox"/> Marital status | <input type="checkbox"/> Religious/spiritual views |
| <input type="checkbox"/> Educational credentials | <input type="checkbox"/> Nationality | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Philosophical views | <input type="checkbox"/> Socioeconomic status |
| <input type="checkbox"/> Gender/gender identity | <input type="checkbox"/> Physical characteristics | <input type="checkbox"/> Veteran status |
| <input type="checkbox"/> Gender expression | <input type="checkbox"/> Political affiliation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Group affiliation | <input type="checkbox"/> Position/role | If other, please specify: |

2. How would you describe what happened? Please check all that apply: *

- | | | |
|--|--|---|
| <input type="checkbox"/> Others stared at me | <input type="checkbox"/> Graffiti/vandalism | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Derogatory phone calls/texts/emails | <input type="checkbox"/> Singled out to speak for my group | <input type="checkbox"/> Unwanted sexual conduct or contact |
| <input type="checkbox"/> Derogatory written comments | <input type="checkbox"/> Experienced hostile environment | <input type="checkbox"/> Sexual assault |
| <input type="checkbox"/> Derogatory social media messages | <input type="checkbox"/> Unequal treatment | <input type="checkbox"/> Target of physical violence |
| <input type="checkbox"/> Ignored or excluded | <input type="checkbox"/> Profiling | <input type="checkbox"/> Threat to my safety |
| <input type="checkbox"/> Isolated or left out | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Threat to safety of others |
| <input type="checkbox"/> Intimidated or bullied | <input type="checkbox"/> Theft | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Threat of outing | If other, please specify: |

3. Date and time of the incident *

4. **Location of the incident ***

5. **Please describe the incident with as much detail as you feel comfortable sharing. If you provide contact information, we may follow up to gather additional information as needed.**

This description can include who was present, and, if known, whether participants are affiliated with NASPA or members of the community, the sequence of events, and any interventions that occurred.

6. **Please tell us your role in the incident:**

- Target Witness Other
If other, please specify:

7. **Your affiliation with NASPA:**

- NASPA member Non-member

Note: Sharing the identifying information below is optional. Without this information, the form can be submitted anonymously.

Our goal with the NASPA Policy on Conduct and Non-Discrimination and Harassment is to address incidents as they arise. If you choose to provide your contact information, we will follow up with you about additional information and next steps. If you do not provide contact information, please note we will not be able to follow up with you, and your report will be considered anonymous.

Name:

Address:

Onsite Phone Number:

E-mail:

You can also report an incident in person with a member of the NASPA staff or contact Stephanie Gordon, NASPA Vice President for Professional Development, at sgordon@naspa.org