CODE OF CONDUCT REPORT Form

Use this form to report incidents related to the code of conduct at CHS Alliance events (see the events code of conduct [**here**](https://www.chsalliance.org/get-support/resource/chs-alliance-event-code-of-conduct/)):

Include your name and contact information, or choose to submit a report anonymously. Handling of the complaint will follow the same policies and procedures that apply for the [**CHS Alliance Complaints Mechanism**](https://www.chsalliance.org/complaints/). This will ensure data protection and confidentiality of the process.

To reach out to a trained member of our staff for any issues or questions, please contact [**complaints@chsalliance.org**](mailto:complaints@chsalliance.org) and we can meet with you (virtually or in person) to discuss your concerns or your report.

## INCIDENT DETAILS:

\*required

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| What type of CHS Alliance Event code of conduct violation are you reporting? \*  Select all that apply | Harassment, sexual harassment or exploitation (unwelcome attention and/or inappropriate contact)  Discrimination (acts of racism or homophobia)  Invasion of privacy (intrusive and/or unwanted behaviour)  Abuse of power (including abuses related to position, wealth, race or sex/gender)  Violence or threatening behaviour  Disruptive or drunken behaviour  Placing a child or vulnerable adult at risk of abuse  Other: |
| How were you involved in the incident? \*  Choose from | I was directly involved  I witnessed the incident  I heard about the incident from someone else |

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| What happened? \*  Please share with us what happened, when, and where. |  |
| Please identify the person(s) involved in the incident. \*  Your name will not be shared with the person involved in the incident, but CHS Alliance needs to know who was involved in order to conduct a thorough investigation. |  |
| What is your preferred outcome? \*  Please note that in all cases, the CHS Alliance will discreetly follow-up on all reports to determine the appropriate course of action and may need to reach out to you to understand the full context of the situation. We appreciate your thoughts in how you would like us to resolve the situation. |  |
| Is there anything else that you'd like to share? |  |
| How can CHS Alliance follow up with you? \*  Choose from | Phone  Email  Meet in person  Meet via CHS Alliance event platform  I do not want to be contacted  Other: |
| Please provide your full name or choose to submit a report anonymously |  |
| Please provide your preferred contact information |  |