

COMPLAINT FORM FOR REPORTING HARASSMENT AND DISCRIMINATION

If you believe that you have been subjected to harassment or discrimination at an official ATS activity (including any formal service to the ATS, encompassing but not limited to elected or appointed office, the development of official ATS documents, planning of or presentation at ATS conferences, and participation in official ATS projects) you are encouraged to complete this form and submit it to Karen Collishaw, Executive Director (kcollishaw@thoracic.org), or Rhina Guzman, Sr. Director, Human Resources (rguzman@thoracic.org) by e-mail or in person. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting orally or in another manner, American Thoracic Society will complete this form, provide you with a copy and follow its harassment and discrimination prevention policy by investigating the claims as outlined at the end of this form.

COMPLAINANT INFORMATION

Name: _____

Work Address: _____ Work Phone: _____

Job Title: _____ Email: _____

Select Preferred Communication Method: Email Phone In person

SUPERVISORY INFORMATION (if applicable)

Immediate Supervisor's Name: _____

Title: _____

Work Phone: _____ Work Address: _____

COMPLAINT INFORMATION

1. Your complaint of harassment or discrimination is made about:

Name: _____ Title: _____

Work Address: _____ Work Phone: _____



Relationship to you: Supervisor Subordinate Co-Worker Other

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

3. Date(s) harassment or discrimination occurred:

Is the harassment or discrimination continuing? Yes No

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

The last question is optional, but may help the investigation.

5. Have you previously complained or provided information (oral or written) about related incidents? If yes, when and to whom did you complain or provide information?



If you have retained legal counsel and would like us to work with them, please provide their contact information.

Signature: _____ *Date:* _____



We help the world breathe[®]
PULMONARY • CRITICAL CARE • SLEEP

25 Broadway, 18th Floor, New York, NY 10004 U.S.
T. 212-315-8600 F. 212-315-6498 | thoracic.org

ATS 2019
International Conference
May 17-22, 2019
Dallas, TX
conference.thoracic.org