SkillsUSA Bias, Harassment, or Discrimination Incident Report Form

SkillsUSA developed this form and accompanying procedure as part of its efforts to promote safe environments for the students, staff, and volunteers participating in its programs and events.

If you are physically threatened or there is an immediate safety concern, please contact 911.

Please use this form to report incidents of bias, harassment, or discrimination that take place during SkillsUSA programs and events. Incidents include unwelcome actions against a person or group that are related to one's race, color, religion, sex, sexual orientation, gender identity, gender expression, gender transition status, national origin, age, disability, genetic information or marital status.

Upon receiving this form, SkillsUSA or an appropriate designee will contact you, connect you to appropriate resources, and explain next steps. Although SkillsUSA cannot guarantee your confidentiality, it promises to protect your privacy to the extent possible while addressing your concern. Alternatively, you have the option to send this report anonymously. To do so fill it out without your name or identifying information.

If you have a concern related to SkillsUSA that is outside of bias, harassment, or discrimination, such as a competition grievance, please utilize the appropriate avenue.

- Do you want to remain anonymous?
  By checking "yes," I understand that I will not receive any follow up, but my report will be documented.
  ☐ Yes ☐ No
- Last Name / First Name (if anonymous, enter NA) : _____
- I am a:
  ☐ Student ☐ State Director ☐ Advisor ☐ Chaperone ☐ Volunteer ☐ Parent
  ☐ Other (If other, please describe): _____
- Please indicate your state/school affiliation: _____
- Please indicate the type of bias/harassment/discrimination you would like to report.
  ☐ Disability ☐ Gender identity ☐ National origin ☐ Race
  ☐ Religion ☐ Sex ☐ Sexual orientation

  Other (If other, please describe): _____

- At which event did the incident occur?
  - ☐ National Leadership & Skills Conference (NLSC)
  - ☐ Washington Leadership Training Institute (WLTI)
  - ☐ Other (If other, please describe): _____

- Where did the incident(s) take place?
  - ☐ Event site ☐ Off Site (hotel, restaurant, etc.) ☐ Online/social media
  - ☐ Other (If other, please describe): _____

- When did the incident(s) occur (approximate dates/time for each incident are ok if you do not know exact information)?

  _____

  _____

  _____

- What is the name (or names) and role(s) of each person(s) involved in the incident(s), if known?

  _____

  _____

  _____

- In your own words, please briefly describe the incident(s).

  _____

  _____

  _____

- (Optional) If anyone witnessed the incident(s), please provide their name(s).

  _____

  _____

  _____

- Prior to submitting this form, have you reported this concern to:
  - ☐ SkillsUSA National Staff ☐ SkillsUSA State Staff ☐ State Director
  - ☐ Advisor/Chaperone ☐ Parent
  - ☐ Other (please describe): _____

Although SkillsUSA cannot guarantee any action at this time, what would you like to see happen as a result of your reporting this concern?

_____

_____

What is the best way to contact you (if anonymous, please indicate "NA")?

_____