

APPENDIX B

SCA 2021 Advance Disclosure/Report Form

If you have credible evidence that an individual who may attend the SCA Annual Meeting has been found, by a court of competent jurisdiction or an administrative or regulatory body, to have engaged in conduct or actions contrary to the ideals, objectives, and accepted standards of the Society as set forth in these Bylaws, Board policies, or the SCA Principles of Archaeological Ethics, you may initiate the process with the SCA by completing this form and submitting it to the SCA President (michelle@scahome.org) or SCA Executive Director by email (denise@scahome.org) or by phone (530-342-3537).

Disclosure occurs when an Attendee notifies the SCA President or Executive Director that an individual of concern may attend a future meeting and requests assistance from the SCA to ensure the Attendee's continued safe participation in SCA activities. The violation may have occurred at an SCA event or elsewhere, or at any point in the past. Disclosure does not require further investigation or identifying the Subject Member(s). Disclosure does not require naming the Attendee to the Subject Member(s) to the SCA.

Reporting occurs when an Attendee notifies the SCA President or Executive Director that an individual of concern may attend a future meeting, and requests that the SCA review the matter and take action to ensure the Attendee's continued safe participation in SCA activities. Attendee identify the Subject Individual and submit credible evidence. Reporting requires that an Attendee identify the Subject Individual and submit credible evidence.

If you are more comfortable reporting any incident by speaking with someone, you may do so by phoning 530-342-3537.

Advance reports for the 2020 Annual Meeting must be received before February 1, 2021 in order for the Findings Verification Committee to have adequate time to review the information.

You may leave any information below blank if you wish.

YOUR INFORMATION

Name: _____ Home/Cell Phone: _____

Work/Home Address: _____ Phone: _____

Job Title: _____ Email: _____

Select Preferred Communication Method: Email Phone In Person

DISCLOSURE/REPORT INFORMATION

1. Your Disclosure/Report of is made about:

Name: _____ Title: _____

Work/Home Address: _____

Phone: _____

Relationship to you: _____

2. Please describe what happened and how it is affecting you and, if applicable, your professional activities.

Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) harassment occurred:

Is the harassment continuing? Yes No

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

5. Have you previously reported, expressed to another person, or provided information (oral or written) about related incidents?

6. Is there a current finding about which you have knowledge?

Signature: _____

Date: _____