



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”)?
