**TLA HARASSMENT/DISCRIMINATION REPORTING FORM**

The Transportation Lawyers Association (TLA) is committed to providing an inclusive and welcoming environment for all members. This form is provided for individuals who have experienced or witnessed behavior in conflict with the TLA Anti-Harassment Policy (available on-line at ----------) (the Policy). Please complete the form to the best of your ability. TLA is committed to a thorough response regarding any claims of harassing or discriminatory behavior; anonymous reporting or not providing all details may impact TLA’s ability to respond effectively.

Upon completion of the form, please submit to any TLA Officer, TLA’s DEI Committee Chair, or any staff member of TLA’s executive office.

**Complainant(s)**

*“Complainant” means the member or attendee who experienced the harassment or discrimination.*

Are you the Complainant?

□ Yes

□ No

Please enter the Complainant’s name, if known:

Relationship with TLA:

Other Identifying Contact Information:

□ I would prefer not to identify the Complainant

**Respondent(s)**

*“Respondent” means the member, attendee, or third party who allegedly committed the reported behavior.*

Please enter the Respondent’s name, if known:

Relationship with TLA:

Other Identifying Contact Information:

**Incident Information**

Incident Date:

Time of Incident:

Location of Incident (please include a brief description of the location):

The Incident/What Happened:

Submitter Name (required):

Submitter Email (required):

Submitter Phone Number (required):