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|  | Anti-Harassment Policy | Date Approved | January 2020 |
| | | Dates Revised | |
| | | Dates Reviewed | |

I. Purpose

ACUA is dedicated to providing a harassment-free experience and is committed to providing a safe and welcoming environment regardless of actual or perceived gender, gender identity, ethnicity, sexual orientation, disability, physical appearance, body size, race, age, background, religion or political affiliation and other forms of diversity as this definition continues to evolve. Anyone found violating these rules may be sanctioned or expelled from any ACUA activity without a refund.

Anti-Harassment Policy

The Policy applies to all ACUA events in public or private facilities. By participating in any ACUA activity, participants agree to abide by the ACUA Anti-Harassment Policy

II. Expected Behavior

- Abide by the norms of professional respect that are necessary to promote the conditions for free academic interchange.
- Be collaborative
- Communicate your views to others in a fair and constructive manner.
- Voice any differences of opinion respectfully and directly to those colleagues with whom we disagree.
- Value and support a ACUA community that is diverse
- Respect the rights and dignity of others regardless of our differences and different perspectives.

III. Unacceptable Behavior

- Physical assault
- Real or implied threat of physical harm
- Persistent and unwelcome solicitation of emotional or physical intimacy
- Persistent and unwelcome solicitation of emotional or physical intimacy accompanied by real or implied threat of harm
- Intimidating, harassing, abusive, derogatory or demeaning speech or actions
- Prejudicial actions or comments related to actual or perceived gender, gender identity, race, ethnicity, sexual orientation, ability, socioeconomic status, age, or religion.
- Deliberate intimidation, stalking or following
- Harassing photography or recording
- Sustained disruption of talks or other events
- Any other behavior not listed here that is unwelcomed, persistent, or violent

IV. Where to Report

If applicable, we encourage you to first contact the local authorities by dialing 911. Complaints, reports should be described in detail the specific facts demonstrating the bases for the complaints, reports or inquiries. A complaint form should be filled out and submitted directly to ACUAs chief employed executive (Account Executive) or President of the Board of Directors; if both of those persons are implicated in the complaint, report or inquiry, it should be directed to the President Elect.

The complaint and investigation will be handled with respect for the privacy of all involved, and will be confidential to the extent practical, given the circumstances. Upon receiving a complaint, form the matter will be further investigated. Individuals to be notified and actions to be taken will be discussed beforehand with the recipient of the harassing behavior, where possible.

Please note that ACUA believes in respecting the wishes of those directly involved in the incident. While you may report an incident if you are not the target of the harassing behavior, ACUA reserves the right to discontinue enforcement if it determines that no harassment existed, that the recipient of the behavior does not wish to further pursue a complaint, or that the information provided is not complete enough to allow an investigation to be made.

Disciplinary action for participants found to have violated this policy may include reprimand, expulsion from the meeting with or without a refund or termination of membership (if applicable).

ASSOCIATION OF COLLEGE AND UNIVERSITY AUDITORS
COMPLAINT FORM

1. Name of person submitting complaint _____

Address: _____

Phone: _____

2. Are you a member of the Association of College and University Auditors?

Yes

No

3. Name of member of the Association of College and University Auditors against whom this complaint is filed:

Address: _____

4. State your complaint with specificity. State what portion(s) of the Association's Code of Conduct was violated.

Use additional sheets as necessary.

NOTE: THIS FORM AND THE COMPLETE RESPONSE TO ITEM 4 ABOVE WILL BE SENT TO THE ASSOCIATION MEMBER AGAINST WHOM THE COMPLAINT IS FILED TO PROVIDE AN OPPORTUNITY TO RESPOND.

Signed By: _____

Date: _____

Print Name: _____