

Appendix A

Sample AAPM Harassment / Disruptive Behavior Reporting Form

Complainant name:

Individual implicated / Respondent name (if known):

Complainant contact information:

Individual / Respondent contact information (if known):

Witness(es) to the incident:

Witness(es) contact information:

Date of report: _____

Date of incident: _____

Time of incident: _____

Name of AAPM meeting:

Specific location of incident (e.g., room, area):

Type of incident:

- Harassment***
- Sexual Harassment***
- Other Disruptive Behavior***

Description of incident:
