Cville DSA Harassment Grievance Form

Important: *To submit this form, go to File>Make a Copy, fill out the form, and email it to the Cville DSA Harassment and Grievance officers at: cvilledsa.hgc@gmail.com. This form can be submitted anonymously, though you'll need to provide an email address for follow up.*

According to Resolution 33 adopted by DSA,

Members shall not engage in harassment on the basis of sex, gender, gender identity or expression, sexual orientation, physical appearance, disability, race, color, religion, national origin, class, age, or profession. Harassing or abusive behavior, such as unwelcome attention, inappropriate or offensive remarks, slurs, or jokes, physical or verbal intimidation, stalking, inappropriate physical contact or proximity, and other verbal and physical conduct constitute harassment when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of a member's continued affiliation with DSA;
- Submission or rejection of such conduct by an individual is used as the basis for organizational decisions affecting such individual; or
- Such conduct has the purpose or effect of creating a hostile environment interfering with an individual's capacity to organize within DSA.

Resolution 33 also prohibits retaliation against a person who assists someone with a complaint of harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliatory behaviors include threats, intimidation, reprisals, and/or adverse actions related to organizing.

Name (if you leave this blank, your grievance can be submitted anonymously)

Email where you can be reached (please delete identifying information from your email if you wish to remain anonymous) ***[*required field]***

Phone number (optional)

City (optional)

State (optional)

DSA Chapter ***[*required field]***

Person(s) (up to five names separated by commas) or DSA body (Steering Committee, Caucus, etc) against whom you are filing a grievance, or put "anonymous/unknown." ***[*required field]***

Witnesses (up to five names, separated by commas, of people with direct knowledge of the facts relating to your grievance)

My Harassment Grievance (a short summary of what happened) ***[*required field]***

Why I believe this to be harassment (check all that apply): ***[*required field]***

It was on the basis of:

- ◻ sex
- ◻ gender
- ◻ gender identity or expression
- ◻ sexual orientation
- ◻ physical appearance
- ◻ disability
- ◻ race
- ◻ color
- ◻ religion
- ◻ national origin
- ◻ class
- ◻ age
- ◻ profession
- ◻ other category I wish DSA to consider
- ◻ retaliation for assisting or participating in a complaint
- ◻ none of these categories
- ◻ I don't know

The type(s) of conduct I experienced was (check all that apply): ***[*required field]***

- ◻ unwelcome attention
- ◻ inappropriate or offensive remarks, slurs, or jokes (includes online)
- ◻ physical or verbal intimidation
- ◻ stalking
- ◻ inappropriate physical contact or proximity
- ◻ other verbal conduct (includes online)
- ◻ other physical conduct
- ◻ retaliatory threats, intimidation, reprisals, and/or adverse actions related to organizing

How I was impacted/caused harm by the conduct (check all that apply) ***[*required field]***

□ My submission to such conduct was made either explicitly or implicitly a term or condition of my continued affiliation with DSA

□ My submission or rejection of such conduct was used as the basis for organizational decisions affecting me

□ This conduct had the purpose or effect of creating a hostile environment interfering with my capacity to organize within DSA

Description of the Basis for My Harassment Grievance: ***[*required field]***

Tell us about what happened. Please be as specific as possible, including the Who, What, Where, Why, and How of what happened, referencing the categories you selected above. Remember that DSA is committed to creating a space that is welcoming and inclusive to members of all genders, races, and classes: why did that not happen in the situation you have described? Please try to be concise – if you have additional documents to submit, you will be asked when speaking with the chapter harassment grievance officers (HGOs) to submit them at that time.

How I Would Like My Harassment Grievance to be Resolved (check all that apply): ***[*required field]***

These are the remedies authorized by Resolution 33. While some or all of these remedies may not be appropriate in your situation, depending on the outcome of the investigation, this will assist the HGOs/National Grievance Officer in developing a satisfactory remedy for the fear of harassment, abuse, or harm.

□ A formal discussion between the accused and the Steering Committee to develop a plan to change the accused's harassing behavior(s)

□ The accused's suspension from committee meetings and other chapter or organizational events

□ The accused's removal from chapter committee(s)

□ The accused's removal from DSA

□ Any and all other relief deemed necessary and just by the chapter or national leadership.

□ Other (describe)

If you wish a response, please provide an email address or phone number where you can be contacted. This form goes to cvilledsa.hgc@gmail.com, and will be kept confidential unless you authorize contact with the individuals or witnesses you name.

The HGOs will contact you within seven business days to obtain any additional information and/or discuss with you the grievance process, so that you may determine whether you choose to move forward with the processing of a formal grievance.

Cville DSA Chapter Harassment Grievance Officers (HGOs):
Emily C (she/her), and Brad S. (he/him)

Cville DSA Code of Conduct