## **EthicsPoint Template**

Use this form to document mistreatment, unprofessional and/or unethical behaviors in the learning environment for your own records. Once you are ready to officially report the incident, refer back to this document to ensure the accuracy of your report.

## WE STONGLY ADVISE YOU TO IMMEDIATELY REPORT ANY BEHAVIORS THAT MAY PUT OTHERS AT RISK OF PHYSICAL HARM IF NOT ADDRESSED

Options for Submitting an Official Report

Area of Concern	Unit	Related Links
Immediate assistance	University Police	716-645-2222
Report any concern,	EthicsPoint	EthicsPoint
including reporting any concern anonymously		844-678-0455
Alleged sexual misconduct	Equity, Diversity and	Unwanted Sexual Experience
that involves a student	<u>Inclusion</u>	
Equality and	Equity, Diversity and	Reporting Discrimination and
nondiscrimination including	Inclusion	Harassment
sexual harassment		
Animal welfare	Vice President for Research	Reporting Animal Welfare
	and Economic	<u>Concerns</u>
	<u>Development</u>	
Research misconduct	Vice President for Research	Responsible Conduct in
	and Economic	Research, Intellectual and
	Development	Creative Activity Policy
		Vice President for Research and
		Economic Development –
		Research Compliance
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<sup>\*</sup>EthicsPoint allows you to remain anonymous while also having the ability to follow up on the report if you choose.

## Document as much as you can below:

If you have a document or file that supports your report, please save with this document in a secure space and have it ready to upload when you submit your report. Most common file types are accepted.

11030	Common nec	types are acc	optou.
Plea	se indicate	the locatio	n where the incident occurred:
ie.) pl	hysical addres	s or name of b	ouilding, clinic/service, or platform if virtual space.
Plea	se identify	the person(	s) engaged in the behavior:
First I	Name:		
Last I	Name:		
Title:			
If yo	u suspect o	r know that	a supervisor or management is involved, what
is th	eir name an	nd title? (any	persons named here will be restricted from accessing
this r	eport)		
_			
Is m	anagement	aware of th	is problem?
	Yes	No	Do Not Know/Do not wish to Disclose

What is the general nature of this matter?  This should be a general description only, you will be asked for specifics later.
Are there any more specific details you can give about the location of where the incident or violation occurred?  i.e.) At the nurse's station on the 8 <sup>th</sup> floor; In On-Call room C on 14 <sup>th</sup> floor, wing G; In conference room A on the 5 <sup>th</sup> floor; at my lab bench.
Please provide the specific or approximate date and time this incident occurred.
How long do you think this problem has been going on?
Once
One Week
1-3 months

3 months to a year

More than a year

Don't know

## How did you become aware of this violation?

It happened to me
I observed it
I heard it
Told to me by a co-worker
Told to me by someone outside the company
I overheard it
I accidentally found a document or file
Other

If "Other" how?

Please identify, by name and title, any persons who have attempted to conceal this problem and the steps they took to conceal it

i.e.) Ignored it; Changed documents; Said it was not a problem; Said they would look into it.

Please provide all details regarding the alleged violation, including the locations of witnesses and any other information that could be valuable in the evaluation and ultimate resolution of this situation.

Please take your time and provide as much detail as possible. When you submit your report, exercise care to omit any details that may identify you if you wish to remain anonymous.

SAVE THIS DOCUMENT ALONG WITH ANY OTHER DOCUMENTATION YOU HAVE RELATED TO THIS INCIDENT IN A SAFE PLACE. ONCE YOU ARE READY TO REPORT, USE THIS AS YOUR GUIDE TO PROVIDE AS MUCH DETAIL AS POSSIBLE IN YOUR OFFICIAL REPORT.