



# Policy on Adverse Actions, Due Process, and Grievances

- A. Grievance Procedures Raised by Residents (Issues other than training status)
- a. The trainee should first report a grievance to his/her adviser or Program Director who will assist the trainee in identifying which pathways are appropriate to the situation.
  - b. Grievances involving administrative matters will be referred through the military chain of command or the hospital chain of administrative responsibility through their respective Director of Medical Education as appropriate.
  - c. For matters related to the military, the formal chain of command may be utilized up to the commanders of each facility, as may, on rare occasions the extraordinary pathway to the Inspector General of the respective facility.
  - d. Issues involving the Program Director either directly or indirectly:
    - i. These issues may more easily be dealt with on a confidential basis with the Resident Representative to the GMEC, the Intern Coordinator, or the respective Director of Medical Education.
    - ii. If a resolution is not achieved that is satisfactory to the trainee, the issue will be brought to the DIO [(301) 295-3638] or directly to the GMEC Executive Committee if a resolution is still not attained.
    - iii. Any resident representative to GMEC may present grievances to the GMEC on behalf of an aggrieved resident.
    - iv. Grievances may be submitted to the NCC ombudsman ([Stephenye.Tyler@usuhs.edu](mailto:Stephenye.Tyler@usuhs.edu), phone 301-319-0709)
  - e. Written records concerning evidence that a conflict exists, the current understanding of the nature of the conflict, and the measures already taken to resolve the conflict, should be maintained.
  - f. For grievances involving residency termination determinations by the Hearing Subcommittee, consult [Section F, 7, d, iii](#) of the NCC Administrative Handbook.
  - g. For grievances where the resident wishes to remain anonymous, the resident can submit a confidential grievance using EthicsPoint ([https://secure.ethicspoint.com/domain/en/report\\_custom.asp?clientid=27071](https://secure.ethicspoint.com/domain/en/report_custom.asp?clientid=27071)) or the resident can contact the NCC Ombudsman ([Stephenye.Tyler@usuhs.mil](mailto:Stephenye.Tyler@usuhs.mil))
  - h. In exceptional cases, complaints where all available pathways for resolution have been exhausted may be made directly to the Accreditation Council for Graduate Medical Education (ACGME). Details are available on the organization's web page at: [www.acgme.org](http://www.acgme.org).



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## Adverse Actions, Remediation, and Due Process

### A. **Caveats:**

1. All Adverse Action information is Quality Assurance Material protected under Title 10 USC 1102 and may not be released without the approval of the DIO or the Consortium Legal Counsel.
2. While the protection of the rights of the trainee is paramount, the purpose of these described procedures is to facilitate the administration of the Consortium. Failure to follow these procedures does not in and of itself provide the Resident with grounds for redress. The Graduate Medical Education Committee (GMEC) has appointed a *Hearing Subcommittee* to adjudicate requests for Adverse Actions including Extensions in Training, Probations and recommendations for Termination. All references in this section to the GMEC will include by implication any Subcommittee established by the GMEC.

B. **Purpose:** To establish procedures concerning adverse actions for individuals in Graduate Medical Education (GME) in the NCC. This policy document provides specific guidance for Program Directors and other administrators, but it is not intended to preclude Program Directors from developing, within RRC guidelines, additional internal procedures or criteria suitable for their own educational programs. When issues of patient safety arise, the patient's safety takes priority over the rights and privileges of the trainee and staff.

C. **Resident evaluation:** Residents must be provided written performance evaluations at appropriate intervals. Frequency of evaluations must satisfy Program Requirements published by the ACGME, and must be completed at least semi-annually. A program training file must be maintained for each resident. When a Program Director identifies deficiencies in knowledge, skills, or attitudes, he/she must ensure remedial action. Remedial actions may be non-adverse or adverse. Recommendations for an adverse action must afford the resident due process in accordance with the policies stated in this document. Program Directors must ensure that each incoming resident has an opportunity to review a copy of these policies.

### D. **Definitions:**

1. Adverse action: This is an institutional action taken in response to documented failure to meet educational goals and objectives in the general competencies of medical knowledge, patient care, practice-based learning and improvement, communication, professionalism, and/or systems-based practice. By implication, in the usual situation, the failure has not responded to counseling and in-program remediation or is of such an egregious nature that urgent intervention is warranted in the interest of patient safety. Actions include summary suspension of training, probation, extension of training for unsatisfactory performance, or recommendation for termination of training. These are described in detail elsewhere in this section. Since these are formal institutional actions, they are a permanent part of the trainee's record and can be reported in accordance with service and NCC policies to licensing and credentialing institutions under appropriate circumstances.



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2. **Non-adverse actions:** This includes counseling and in-program remediation for failure to meet educational goals and objectives in the general competencies of medical knowledge, patient care, practice-based learning and improvement, communication, professionalism, and/or systems-based practice. Since this action is below the threshold requiring institutional action, records are maintained only at the program level and are not disclosed by the institution.
  3. **Breaches of military professionalism:** Since this program has been developed to advance Military Medicine and train Medical Officers, Program Directors must also identify and respond to deficiencies in knowledge, skills, or attitudes regarding military officership, including failure to comply with service regulations. The Program Director will immediately investigate any allegation. If the investigation reveals a significant violation of the Uniformed Code of Military Justice (if in doubt please contact the NCC Legal Counsel) the incident must be reported through the military chain of command. It will also be briefed to the GMEC Hearing Subcommittee for information or for action if the conduct reflects a broader breach of professionalism that may adversely affect the trainee's suitability for the practice of medicine.
- E. **Documentation:** All remedial actions must be based on adequate written documentation. Written documentation begins with written performance evaluations which should be defined in terms of the general competencies, and continues with written statements by the Program Director and/or the Training Committee concerning the success of the resident in achieving the milestones in his/her professional development. Assessment of attitudes required for safe, effective, and compassionate patient care should be commensurate with the resident's level of advancement and responsibility. Normally, documentation will include the following as a minimum:
1. **Expectations:** What is expected of the trainee in terms of the competencies?
  2. **Deficiencies:** In what areas is the resident failing? Care should be given to be both comprehensive and specific.
  3. **Improvement:** What specific written plan for remediation is being provided?
  4. **Consequences:** What will occur if remediation is not accomplished?
  5. **Timeline:** How long is the anticipated program of remediation to last?
- F. **Types of Action:**
1. **In-program remediation:** When remedial action is necessary, the plan must be written and must consider improvements in all of the above listed factors. All plans of remedial action must include written objective criteria by which improved performance may be judged. When conducted at the program level this is not considered an adverse action.
  2. **Adverse Remedial Action:**
    - a. *Summary Action to restrict or suspend training status:* If a Program Director receives information that indicates any of the following: significant improper, unethical, or unprofessional conduct by the resident, or conduct likely to adversely affect the



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resident's ability to engage safely in patient care activities, or a health problem likely to adversely affect the resident's ability to engage in patient care activities, or substandard patient care by the resident, the Program Director will immediately investigate the allegation. If the investigation substantiates the allegations or if further investigation is deemed necessary, the Program Director must:

- i. Notify the resident in writing that his/her training status and patient care activities are restricted or suspended.
- ii. Notify in writing, the clinical department chief to whom the resident is assigned that the resident's training status and patient care activities are restricted or suspended; in cooperation with the clinical department head, make arrangements for continuing care of the resident's patients. This notification may trigger a Command response for the protection of patients, further restricting the resident's activities until the issue can be adjudicated.
- iii. Submit a written record of the allegation and investigation to the GMEC via the DIO. The DIO will schedule, a meeting of the GMEC Hearing Subcommittee to consider the summary restriction or suspension of training status.
- iv. Submit, as appropriate, a recommendation for probation or termination of training to the GMEC Hearing Subcommittee.

3. Probation: Probation is a period of supervision, assigned to assist a resident in understanding and correcting specific, serious deficiencies in knowledge, skills, and attitudes. Probation may be imposed only by action of the GMEC Hearing Subcommittee, and may be ended only by action of the Subcommittee. Regardless of the original term of probation, removal from probation requires an act of the GMEC Hearing Subcommittee. Probation may end in a return to full training status or in a recommendation for termination. Normally, a Program Director may recommend probation only after a period of documented non-adverse counseling and assistance at the program level directed at specific documented deficiencies.
  - a. A recommendation for probation should be based upon one or more of the following and described in terms of the specific competencies the trainee has failed to achieve:
    - i. Documented failure to meet academic or technical performance standards or objectives of the program.
    - ii. Lack of endeavor in the training program.
    - iii. Lack of application of the resident's knowledge and skill.
    - iv. Unprofessional conduct (medical and/or military).
    - v. Documented failure to satisfactorily progress toward correction of deficiencies despite documented prior counseling regarding the same.
    - vi. Documented regression or failure to satisfactorily progress in training after removal from probationary status, despite documented prior counseling regarding the same.
    - vii. Disciplinary problems.
    - viii. Substance abuse (in accordance with and within the constraints set by applicable service regulations concerning management of substance abuse).
    - ix. Other circumstances.



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- b. *Procedure for Recommending that a Resident be placed on Probation:*
- i. The Education Committee of the Pediatric residency will discuss and synthesize 360 degree evaluations and reach consensus on the need for probation and remediation.
  - ii. The Program Director and the Education Committee develop a framework of a remediation and plan for probation.
  - iii. The Program Director will meet with the resident and discuss the reasons and plan for remediation. The resident will be given the opportunity to contribute to the drafting of the remediation plan.
  - iv. Privacy and confidentiality of the remediation plan and the reasons for remediation will be maintained by the Program Director, the members of the Education Committee, and the resident.
  - v. The Program Director will then give the resident notice, in writing, of the proposal that the trainee be placed on probation to include:
    - A. The recommended duration of probation.
    - B. A specific written plan to assist the resident in overcoming the problem or problems. This plan is usually based on a 90-day remediation period.
    - C. The deficiencies, acts, or circumstances for which the probationary status is recommended.
    - D. Records of this notification, which should include signed acknowledgement of receipt by the resident, shall be maintained by the Program Director.
    - E. The Program Director will then submit a written request for probation to the GMEC via the DIO. The request must include the information in the notice given to the resident as listed above.
    - F. The request should arrive at the Office of the DIO no later than ten (10) days prior to the next regularly scheduled or special meeting of the GMEC.
    - G. The DIO will notify the resident that the GMEC Hearing Subcommittee will conduct a hearing concerning the recommendation for probation, and of the resident's due process rights.
- c. *Procedure for removal from probation:* Once a period of probation has been imposed, removal from probation is not automatic but requires an affirmative vote by the Hearing Subcommittee based on the recommendation of the Program Director and faculty.



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4. **Administrative Probation:** Administrative Probation is a separate category of probation reserved exclusively for military trainees, mandated specifically by their parent service, only to be used for the following non-clinical reasons:
  - a. Failure to obtain a medical license in the time allotted by the military service in which the trainee is a member;
  - b. Failure to successfully complete a service specific physical fitness test; and
  - c. Failure to meet service specific weight/body fat requirements.
  - d. *Procedure for recommending Administrative Probation:*
    - i. The Program Director will submit a request to the DIO asking that the service member be placed on Administrative Probation.
    - i. The request will include an outline of reason(s) for the action.
    - ii. Once notified of this action the service member has 7 calendar days to respond directly to the DIO to refute the basis of the Administrative Probation. Once the 7-day period has ended, if the trainee has not rebutted the basis of the action, the DIO will place the military trainee on Administrative Probation.
    - iii. While no additional action is necessary, the DIO will inform the GMEC Hearing Subcommittee of all actions taken. During Administrative Probation the Program Director will regularly update the GMEC Hearing Subcommittee on the progress of the military trainee.
    - iv. When the condition that brought forth the action is corrected, the Program Director will notify the DIO, who may then terminate the Administrative Probation.
  - e. *Reporting to outside organizations:*
    - i. As this special type of probation is solely the product of the military medical system, affecting only those trainees in uniform, action taken under this section will not be reported to outside organizations.
    - ii. Trainees will be advised that they need not report Administrative Probation actions outside of military channels. However, residents should be advised that such probation may be documented in their annual military report.



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## 5. Termination:

- a. Termination is the most serious action that may be recommended by a Program Director. Normally, the Program Director may recommend termination only after a period of documented non-adverse counseling and assistance directed at specific documented deficiencies and of probation with attempts at remediation.
- b. The Resident should be afforded, and have documented, reasonable opportunity to correct his/her deficiencies before a Program Director can recommend termination to the GMEC.
- c. Egregious behavior leading to summary suspension of training, serious misconduct (including commission of military and/or civilian offenses), as well as patient safety considerations represent exceptions to the general need for attempting remediation prior to recommending termination.
- d. *A recommendation for termination of training may be made:*
  - i. When deficiencies in performance persist, despite documented efforts to correct the deficiencies during non-adverse remedial measures or probation.
  - ii. When deficiencies recur after prior periods of remediation or probation.
  - iii. When continuation in training presents a hazard to patients
  - iv. When serious unethical or unprofessional conduct is involved.
- e. *Procedure for Recommending Termination of a Resident:*
  - i. The Program Director gives the resident notice, in writing, of the deficiencies, acts, or circumstances for which termination is recommended. Records of this notification, which should include a signed acknowledgment of receipt, shall be maintained by the Program Director.
  - ii. The Program Director then submits a written request for the termination to the GMEC via the DIO. The request must include the information in the notice given to the resident.
  - iii. The request must arrive at the Office of the DIO at least seven (7) days prior to the next regularly scheduled or special meeting of the GMEC.
  - iv. The DIO will notify the resident of the date that the GMEC or Hearing Subcommittee will conduct the hearing concerning the recommendation for termination, and of the resident's due process rights. ([See Resident Rights and Responsibilities](#) in the NCC Administrative Handbook)

## 6. Extension of Training and/or Non-Promotion to next Year Level:

- a. Under ordinary circumstances, brief periods of absence (e.g. due to illness or pregnancy) can be accommodated provided training requirements and milestones are met or made up in a satisfactory manner.
- b. In those instances in which there is excessive absence, the Program Director will investigate the circumstances, and may recommend an extension/non-promotion with the concurrence of the GMEC.



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- c. Extension of training/non-promotion to next year level may also be recommended as a part of a recommendation for probation or for other reasons. Service-specific GME administrative authorities must be notified of all recommendations for extension of training.
  - d. *Procedure for Recommending Extension of Training for Academic Reasons:*
    - i. The Program Director must give the Resident notice, in writing, of the deficiencies, acts, or circumstances for which extension/non-promotion is recommended. Records of this notification, which should include signed acknowledgement of receipt by the resident, shall be maintained by the Program Director.
    - ii. The Program Director then submits a written request for extension/non-promotion to the GMEC via the DIO. The request for extension/non-promotion must include the information in the notice given to the resident.
    - iii. The request should arrive at the Office of the DIO at least 10 days prior to the next regularly scheduled or special meeting of the GMEC.
    - iv. The DIO will notify the resident of the date that the GMEC will consider the recommendation for extension/non-promotion and of the resident's due process rights.
  - e. *Procedure for Recommending Extension of Training for Non-Academic Reasons:*
    - i. The Program Director, after notifying the trainee, will notify the DIO in writing of the need for an extension in training/non-promotion due to medical or administrative reasons.
    - ii. The DIO will approve the action and make the changes known to the appropriate Service GME Office and notify the GMEC of actions taken at the next meeting.
7. Administrative Procedures and Responsibility for Adverse Actions:
- a. *Program Director:* Regularly, at least twice a year, assesses the resident's progress in his/her training program. If this assessment or any other assessment during the period of evaluation indicates the necessity of remedial action, the Program Director performs, directs, or recommends appropriate non-adverse or adverse remedial action. Documentation of such recommendation should be maintained in the resident's training file.
  - b. *DIO:* On receiving a properly constituted request for an adverse action, the DIO shall:
    - i. Place the action on the agenda of the GMEC Hearing Subcommittee which will occur at least seven (7) days after receipt of the request. This may expressly or by implication be waived by the trainee or waived by the DIO if the DIO determines exceptional circumstances exist;
    - ii. Notify the resident of the meeting of the Subcommittee, of specific adverse action, and of his/her due process rights;
    - iii. Forward any additional evidence of relevant information to the Subcommittee;



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- iv. Chair any adverse action proceeding and determine the relevancy of information brought before the GMEC Hearing Subcommittee.
- c. *GMEC Hearing Subcommittee:*
- i. On receiving a properly constituted request for an adverse action, the GMEC Hearing Subcommittee shall consider the request and all other information and evidence received at the hearing.
  - ii. After the evidence has been reviewed, the voting members of the Subcommittee will deliberate in private, and determine, by majority vote, the action to be taken. In the case of a recommendation for termination, a 2/3 majority is required.
  - iii. Resident members of the Subcommittee have full voting rights. The total cast, yes or no, in a particular case shall be recorded in the Subcommittee minutes.
  - iv. The DIO shall prepare a summary of the Subcommittee's proceedings and recommendations. The proceedings and recommendations should be mentioned in the minutes of the GMEC Hearing Subcommittee, but detailed records of the proceedings and vote shall be maintained privately by the DIO's office.
  - v. If the recommendation is for termination, the DIO shall forward the summary recommendations, along with the Program Director's original request and the resident's written statements, if any, to the Board of Directors, for approval, and notify the GMEC at its next meeting.
- d. *Board of Directors:*
- i. The Board of Directors will make the final decision on all recommendations for termination of residents assigned to NCC-sponsored GME programs.
  - ii. The Board of Directors, by majority vote, will approve, modify, or disapprove the recommendation of the GMEC Hearing Subcommittee, and order appropriate action. The Board of Directors may also send a case back to the Subcommittee for further review.
  - iii. The DIO shall notify the resident in writing, through the Program Director, of the Board of Directors' decision. If the decision is to terminate, the resident shall have five (5) days from receipt of the Board of Directors decision to prepare and present to the Board of Directors, in writing, a request for reconsideration of the Board of Directors decision.
  - iv. After receipt and examination of a request for reconsideration, the Board of Directors may revoke the decision to terminate and place the resident on a defined period of probation, with a recommended plan of remediation, or may affirm the decision to terminate.
  - v. The decision of the Board of Directors to terminate, lacking a request for reconsideration or after examining a request to reconsider, is final.
  - vi. The result of the Board of Directors decision to terminate will be forwarded to the Office of the Surgeon General of the resident's parent service.



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## 8. Resident Rights and Responsibilities:

**Note: The trainee may waive any of these rights either expressly or through implication.**

- a. *Preliminaries to Hearings:* Upon receipt of written notification from the DIO that he/she will be considered for an adverse action at a scheduled meeting of the GMEC Hearing Subcommittee, a resident has five (5) days to inform the DIO, in writing, that he/she will submit written evidence and/or appear in person at the scheduled meeting of the GMEC Hearing Subcommittee. Residents may decline to submit evidence or appear in person at the scheduled GMEC Hearing Subcommittee hearing. This declination constitutes a waiver by the resident of his/her right to participate in the proceedings.
  - b. If the resident asks to be present at the hearing, but cannot attend the scheduled hearing, and postponing the hearing is not possible, the GMEC Hearing Subcommittee may proceed with the action in the resident's absence after formally recording the circumstances and the necessity of proceeding in a timely manner. Reasonable attempts may be made to reschedule the hearing to enable the resident to attend.
9. Hearing procedures if the resident elects to be present:
- a. The proceedings of the GMEC Hearing Subcommittee hearing are administrative procedures and are not bound by formal rules of evidence or a strict procedural format. The GMEC Hearing Subcommittee may question witnesses and examine documents as necessary.
  - b. In all hearings concerning adverse actions, the following rights for the resident apply, if the resident elects to be present at the hearing:
    - i. The right to obtain notice of the grounds for the action at least seven (7) days before the next GMEC meeting ([See above for exceptions](#));
    - ii. The right to review copies of documents to be considered by the Committee;
    - iii. The right to know who will testify at the hearing;
    - iv. The right to secure a representative and/or counsel at his/her own expense; the representative/counsel does not have the right to address the Committee or witnesses directly and is limited to the roles of advisor or observer. Therefore, representative/counsel may address the Committee only with the consent of the Chair;
    - v. The right to present matters at the hearing or to provide a written statement;
    - vi. The right to question witnesses and/or to bring witnesses of his/her own;
    - vii. The right to make a statement on his or her own behalf.



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10. Hearing procedures if the resident elects **NOT** to be present:
  - a. In all hearings concerning adverse actions, the following rights apply for the resident, if the resident elects **not** to be present at the hearing:
    - i. The right to review notice of the grounds for the action at least seven (7) days before the next GMEC Hearing Subcommittee meeting ([See above for exceptions](#));
    - ii. The right to review copies of documents to be considered by the Subcommittee;
    - iii. The right to know who will testify at the hearing;
    - iv. The right to secure a representative and/or counsel at his/her own expense to attend the hearing;
    - v. The right to have matters presented at the hearing;
    - vi. The right for the representative to question witnesses.
    - vii. The right to submit a written statement in his/her own behalf.
  - b. The resident will be given notice of these rights by having the information personally delivered through the Program Director to the resident, or sent by registered or certified mail, return receipt requested.
  - c. The failure of the resident to appear before the Subcommittee shall constitute a waiver of a request for reconsideration if termination is recommended.
  - d. **NOTE:** *Subcommittee hearings may be recorded for the purpose of preparing minutes of the meeting. A verbatim transcript will not be produced and the tapes or other recording medium will not be archived.*
11. Other Actions Leading to Termination of Training:
  - a. *Release from Active Duty:* Policies set by the Defense Officer Personnel Manpower Act and the individual uniformed services may provide for the release from active duty of certain officers who fail selection to the next higher officer grade. Because continuation in training in Consortium-sponsored programs requires that residents be on active duty, release from active duty necessarily terminates resident status, but is not considered an adverse action.
  - b. *Physical Training and Weight Reference Agreement:* Residents must meet all parent service fitness standards and failure to do so may lead to administrative separation and thus termination of training.
  - c. Other personnel actions as deemed necessary by the trainee's parent military Service.
12. **NOTE:** *The procedures outlined in this section are designed for effective operation of the NCC; accordingly these procedures are not designed specifically for the benefit of the Resident. Failure to follow these procedures does not in and of itself provide the resident with grounds for redress.*



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## Policy on Harassment

1. Policy: The Program shall provide a work environment that is free from intimidation, hostility, or other offenses that might interfere with work performance. Harassment of any sort including, but not limited to verbal, physical, or visual, will not be tolerated.
2. Definition: Harassment, or discriminatory intimidation, can take many forms. It may be, but is not limited to, words, signs, jokes, pranks, intimidation, physical contact, or violence. Harassment is not necessarily sexual in nature, it may also be based on race, religion, color, sexual orientation, age, national origin, marital status, health, or handicapping condition. Sexual harassment may include unwelcome sexual advances, requests for sexual favors, or other verbal or physical behavior of a sexual nature when such conduct creates an intimidating environment, prevents an individual from effectively performing the duties of their position, or when such conduct is made a condition of employment or compensation, either implicitly or explicitly.
3. Responsibility: All NCC Pediatrics faculty and residents are responsible for keeping the work environment free of harassment. Any faculty member or resident who becomes aware of an incident of harassment, whether by witnessing the incident or being told of it, must report it to their supervisor, or if the supervisor is involved in the harassment, to the next superior supervisor who is not involved in the harassment. When the Program becomes aware that harassment might exist, it is obligated to take prompt and appropriate action whether or not the victim wants to be taken. Harassment that occurs between fellow workers outside of the work place is to be treated in the same way as harassment that occurs in the actual workplace.
4. Reporting: If a NCC Pediatrics faculty member, resident, or employee feels that they have experienced harassment, they must report the incident immediately to their immediate supervisor, or if that supervisor is involved in the harassment, to the next superior who is not involved in the harassment. The supervisor must investigate the incident in accord with the applicable military and/or civilian employment regulations, and must take prompt action to prevent repetition of the harassment, untoward results from the harassment, or retaliation for the reporting.

If the reporting individual wishes to file an allegation outside of the program or military chain of command, the NCC ombudsman ([stephanye.tyler@usuhs.mil](mailto:stephanye.tyler@usuhs.mil)) can be contacted.

If the reporting individual wishes to file an anonymous allegation, the EthicsPoint reporting system can be used ([https://secure.ethicspoint.com/domain/en/report\\_custom.asp?clientid=27071](https://secure.ethicspoint.com/domain/en/report_custom.asp?clientid=27071)).

The privacy of everyone involved must be properly protected. All personnel in supervisory positions are expected to have the knowledge and skills to provide information, informal counseling, and guidance on filing formal complaints regarding harassment. Military personnel may obtain services from their Equal Opportunity Officer, who may be contacted via the Military Personnel Office. Assistance for Public Health and civilian personnel may be obtained from their Equal Employment representative who may be contacted via the Civilian Personnel Office.