AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY (ASMBS) SEXUAL HARASSMENT, SEXUAL MISCONDUCT, AND PROFESSIONAL CONDUCT POLICY

I. PURPOSE

The American Society for Metabolic and Bariatric Surgery ("ASMBS" or the "Society") is committed to maintaining a professional, respectful, safe, and inclusive environment free from sexual harassment, sexual misconduct, discrimination, retaliation, intimidation, and other inappropriate conduct.

ASMBS recognizes that its members, healthcare professionals, employees, volunteers, trainees, industry partners, patients, conference attendees, speakers, exhibitors, sponsors, and guests deserve to participate in Society activities without fear of harassment or misconduct. Violations of this Policy may result in educational counseling, corrective action, suspension of privileges, removal from leadership positions, suspension or termination of membership, exclusion from Society activities, referral to appropriate regulatory or licensing authorities, or any other disciplinary action deemed appropriate by ASMBS.

This Policy establishes standards of conduct, reporting procedures, investigation protocols, disciplinary measures, confidentiality protections, and appeal rights applicable to all individuals participating in ASMBS-sponsored activities or acting under the authority of ASMBS.

II. SCOPE

ASMBS is committed to maintaining a professional, respectful, and harassment-free environment across all aspects of its operations and activities. Because Society-sponsored interactions occur in a variety of settings and involve a diverse group of participants, this Policy is intended to apply broadly to individuals who engage with ASMBS in any official, professional, educational, leadership, volunteer, or event-related capacity. The following provisions define the individuals, relationships, and circumstances to which this Policy applies and clarifies that prohibited conduct may occur through in-person, virtual, written, electronic, or social media communications.

This Policy applies to:

1. ASMBS members;
2. Officers and directors;
3. Committee members;
4. Employees and contractors;

5. Volunteers;
6. Residents, fellows, students, and trainees;
7. Conference attendees;
8. Speakers and presenters;
9. Exhibitors and sponsors;
10. Industry representatives; and
11. Any individual participating in or attending ASMBS-sponsored programs, meetings, educational activities, publications, online forums, social media platforms, or events.

The protections and obligations established by this Policy extend to conduct occurring both within and outside traditional meeting environments whenever there is a sufficient connection to ASMBS activities, programs, communications, governance functions, or professional interactions.

This Policy applies regardless of whether the conduct occurs:

1. In person;
2. Virtually;
3. At annual meetings or conferences;
4. During educational programs;
5. Through electronic communications;
6. Through social media;
7. During committee work; and
8. In professional interactions connected to ASMBS activities.

III. POLICY STATEMENT

ASMBS is committed to fostering a professional, respectful, inclusive, and safe environment for all members, leaders, volunteers, employees, contractors, vendors, speakers, exhibitors, meeting attendees, and other participants in Society activities. Sexual harassment, sexual misconduct, sex-based discrimination, and retaliation are inconsistent with the values, mission, and professional standards of ASMBS and will not be tolerated in any form. The Society expects all individuals participating in ASMBS-sponsored programs, meetings, educational activities, committees, leadership roles, communications, and events to conduct themselves with professionalism, dignity, and respect for others. This Policy establishes ASMBS's commitment to preventing and addressing prohibited conduct, promoting accountability, and maintaining professional boundaries consistent with the ethical and professional obligations expected within the healthcare community.

ASMBS prohibits:

1. Sexual harassment;
2. Sexual misconduct;
3. Unwelcome sexual advances;
4. Requests for sexual favors;
5. Gender-based harassment;
6. Sex discrimination;
7. Retaliation;
8. Bullying connected to sex or gender; and
9. Harassment based upon pregnancy, childbirth, breastfeeding, reproductive health decisions, sexual orientation, gender identity, gender expression, or protected status under applicable law.

ASMBS further expects all participants to maintain professional boundaries consistent with ethical obligations applicable to healthcare professionals.

IV. EXAMPLES OF PROHIBITED HARASSMENT

Harassment can take many forms and may occur through words, actions, written communications, visual displays, electronic communications, or physical conduct. Whether particular conduct violates this Policy will depend upon specific facts and circumstances, including the nature, severity, frequency, context, and impact of the behavior. ASMBS evaluates allegations of harassment from the perspective of a reasonable person and in light of the professional standards expected within the healthcare community.

The examples set forth below are intended to provide guidance regarding conduct that may constitute harassment or contribute to a hostile, intimidating, abusive, or offensive environment. These examples are illustrative only and are not intended to limit ASMBS's ability to address other conduct that is inconsistent with this Policy, professional ethics, or the Society's standards of respectful and professional behavior.

A. **Verbal Harassment.** Prohibited verbal harassment may include:
   1. Derogatory comments concerning an individual's sex, gender, race, religion, age, disability, national origin, sexual orientation, or other protected characteristic;
   2. Slurs, epithets, insults, ridicule, or stereotyping;
   3. Offensive jokes or comments;
   4. Repeated unwelcome comments regarding a person's appearance or body;
   5. Threatening or intimidating statements; or
   6. Repeated unwelcome requests for dates, romantic involvement, or personal contact.

B. **Non-Verbal, Written, Visual, and Electronic Harassment.** Prohibited conduct may include:
   1. Displaying or distributing offensive written, graphic, photographic, video, or electronic materials;
   2. Sending inappropriate emails, text messages, direct messages, or social media communications;
   3. Posting offensive content through ASMBS communication platforms;
   4. Sharing sexually explicit, degrading, discriminatory, or offensive materials; or
   5. Displaying images, cartoons, memes, or graphics that demean or ridicule individuals based upon a protected characteristic.

C. **Physical Harassment.** Prohibited conduct may include:
   1. Blocking movement;
   2. Invasion of personal space;
   3. Physical intimidation;
   4. Unwelcome physical contact; or
   5. Any conduct that a reasonable person would perceive as threatening, abusive, or offensive.

IV. DEFINITIONS

The definitions contained in this Section are intended to provide guidance regarding the interpretation and application of this Policy. Because allegations of harassment, misconduct, and retaliation often involve fact-specific circumstances, ASMBS will evaluate each matter based upon the totality of the circumstances, including the nature of the conduct, the context in which it occurred, the relationship of the individuals involved, and applicable legal and professional standards. These definitions are intended to promote consistency, fairness, and transparency in the administration of this Policy and should be interpreted broadly to advance ASMBS's commitment to maintaining a professional, respectful, and safe environment for all participants. The examples provided are illustrative and are not intended to limit the types of conduct that may constitute a violation of this Policy.

A. **Sexual Harassment.**

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, sexual propositions, sexual coercion, sexually motivated conduct, or other verbal, physical, visual, or electronic conduct of a sexual nature when:

1. Submission to the conduct is made a condition of participation, advancement, leadership opportunity, publication opportunity, speaking opportunity, committee appointment, mentorship, employment, or professional benefit;
2. Submission to or rejection of the conduct is used as the basis for professional decisions affecting an individual;

3. The conduct unreasonably interferes with an individual's professional activities; or
4. The conduct is sufficiently severe, pervasive, or objectively offensive that it creates an intimidating, hostile, abusive, or unreasonably disruptive environment.

Sexual harassment does not include occasional socially acceptable interactions, professional compliments, or mutually welcomed conduct. Rather, sexual harassment involves unwelcome conduct that would be viewed by a reasonable person as offensive, intimidating, coercive, abusive, or inappropriate under the circumstances. Examples of sexual harassment include:

1. Unwanted sexual advances;
2. Repeated requests for dates after refusal;
3. Sexual comments or jokes;
4. Sexually suggestive communications;
5. Inappropriate touching;
6. Unwanted physical contact;
7. Sexual propositions;
8. Display of sexually explicit material;
9. Sexualized comments regarding appearance; and
10. Persistent flirtation after rejection.

B. **Sexual Misconduct.** Sexual misconduct includes:

1. Sexual assault;
2. Non-consensual sexual contact;
3. Coercive sexual conduct;
4. Sexual exploitation;
5. Stalking of a sexual nature; and
6. Abuse of professional authority for sexual purposes.

C. **Retaliation.**

Retaliation includes any adverse action taken against an individual because the individual:

1. Made a complaint;
2. Participated in an investigation;
3. Served as a witness; or
4. Reported misconduct in good faith.

Retaliation is strictly prohibited and constitutes an independent violation of this Policy.

V. HEALTHCARE PROFESSIONAL CONDUCT EXPECTATIONS

ASMBS recognizes that physicians, surgeons, advanced practice providers, nurses, researchers, educators, and healthcare leaders occupy positions of significant trust and authority.

Accordingly, conduct involving the exploitation of professional authority over patients, trainees, residents, fellows, students, junior colleagues, research participants, or subordinate personnel shall be considered an aggravating factor in determining whether a violation occurred and in assessing appropriate sanctions.

Members are expected to comply with applicable hospital policies, accreditation requirements, licensing board regulations, professional ethical obligations, patient boundary requirements, and all applicable federal and state healthcare laws and regulations. Conduct that may compromise patient safety, professional integrity, educational environments, or public confidence in the bariatric and metabolic surgery profession may constitute grounds for disciplinary action under this Policy.

Members are expected to comply with:

1. Applicable federal anti-discrimination laws;
2. State licensure laws;
3. Hospital credentialing requirements;
4. Professional ethical obligations;
5. Patient boundary requirements; and
6. Institutional policies governing professional conduct.

Conduct involving abuse of authority over the following shall be considered an aggravating factor when determining disciplinary action:

1. Patients;
2. Residents;
3. Fellows;
4. Students;
5. Research participants;
6. Employees; and
7. Trainees.

Nothing in this Policy limits any reporting obligations required by law, hospital bylaws, accreditation standards, credentialing authorities, licensing boards, governmental agencies, or healthcare institutions.

VI. REPORTING PROCEDURES

The integrity of ASMBS depends upon the prompt reporting of concerns involving potential violations of this Policy, applicable laws, ethical standards, or organizational rules. ASMBS is committed to maintaining multiple accessible, confidential, and secure avenues through which individuals may raise concerns without fear of retaliation. This Section outlines the procedures for reporting suspected misconduct, including available reporting channels, options for anonymous reporting, and the protections afforded to individuals who make reports in good faith.

Timely reporting enables ASMBS to address concerns appropriately, conduct fair and thorough investigations, and uphold its commitment to professionalism, accountability, and ethical conduct throughout the organization.

A. **Reporting Options. Individuals may report concerns through any of the following methods:**

1. Online Reporting Portal;
2. Dedicated Ethics Hotline;
3. Designated ASMBS Ethics Email Address;
4. Written Complaint Submission;
5. Direct Report to the ASMBS CEO;
6. Direct Report to ASMBS Legal Counsel;
7. Anonymous Reporting System.

B. **Anonymous Reporting.**

ASMBS shall maintain a confidential reporting mechanism allowing anonymous complaints. Anonymous reports will be reviewed to the extent sufficient information is provided to permit investigation. ASMBS encourages complainants to provide sufficient factual information, dates, witnesses, communications, and supporting documentation. The inability to identify a complainant shall not prevent ASMBS from initiating an inquiry when warranted.

C. **Good Faith Reporting.**

Reports made in good faith are protected under this Policy. Individuals who knowingly make false accusations may receive disciplinary action. A complaint that is not substantiated does not constitute a false complaint.

D. **Investigation Timeline.**

ASMBS shall make reasonable efforts to address complaints promptly, thoroughly, and fairly. Unless circumstances require otherwise, the ASMBS CEO will acknowledge receipt of a complaint within five (5) business days of receipt when contact information is available. An initial review shall generally be completed by the ethics committee chair within ten (10) business days to assess jurisdiction, safety concerns, evidence preservation needs, and any appropriate interim measures.

Following the initial review, any formal investigation shall ordinarily be completed within forty-five (45) to sixty (60) calendar days by the full ethics committee. Upon conclusion of the investigation, ASMBS shall endeavor to issue findings, recommendations, or a determination within fifteen (15) business days. Certain matters may require additional time due to complexity, the number of witnesses involved, the volume of evidence, the availability of relevant individuals, or other legitimate circumstances. In such cases, ASMBS may extend applicable timeframes as reasonably necessary and, when appropriate, provide updates regarding the status of the matter. The order of review shall be as follows:

1. **ASMBS Chief Executive Officer (CEO) – Initial Administrative Review**

   The ASMBS Chief Executive Officer ("CEO") shall receive complaints submitted through one of the approved reporting channels. The CEO shall conduct an initial administrative review to determine whether the complaint falls within the scope of this Policy and, if appropriate, promptly refer the matter to the Chair of the Ethics Committee. The CEO shall not make findings regarding whether a policy violation occurred.

2. **Chair of the Ethics Committee – Preliminary Review (Reasonable Person Standard)**

   Upon receipt of the complaint, the Chair of the Ethics Committee shall conduct a preliminary review to determine whether the allegations, viewed from the perspective of a reasonable person and assuming the alleged facts are true, could reasonably constitute sexual harassment or another violation of this Policy. This review is jurisdictional and procedural only and does not constitute a factual determination regarding whether the alleged conduct occurred. If the Chair determines that the complaint satisfies this threshold, the matter shall be referred to the full Ethics Committee for formal investigation. If not, the Chair may dismiss the complaint or take other appropriate administrative action consistent with this Policy.

3. **Ethics Committee – Formal Investigation (Preponderance of the Evidence Standard)**

   If the chair of the ethics committee refers the matter to the full committee for review, the Ethics Committee shall conduct a thorough, impartial, and confidential investigation. The Committee shall gather and evaluate all relevant evidence, interview witnesses as appropriate, and determine whether it is more likely than not that a violation of this Policy occurred, applying the preponderance of the evidence standard. Upon completion of its investigation, the Committee shall issue written findings and the required appropriate corrective, disciplinary, or remedial actions.

4. **Board of Directors – Implementation and Enforcement**

   The Ethics Committee's written findings and required disciplinary, corrective, or remedial actions shall be submitted to the Board of Directors. The Board shall review the required disciplinary action for consistency with the Society's governing documents and shall

implement and enforce the approved actions. The Board's review is administrative and governance-based and is not a factual review of the Ethics Committee's findings.

5. **Outside General Counsel**

Outside General Counsel may be consulted by the CEO, Chair of the Ethics Committee, Ethics Committee, or Board of Directors at any stage of the process to provide legal guidance concerning applicable law, due process, confidentiality, conflicts of interest, procedural fairness, and implementation of any disciplinary action. Outside General Counsel shall not serve as the investigator or fact-finder unless separately authorized by the Board.

6. **Independent Neutral Mediator – Appeal**

Any appeal shall be referred to an independent neutral mediator or appeal officer who was not involved in the original investigation. The mediator shall review whether the investigation and disciplinary process were conducted fairly, consistently, and in accordance with this Policy and shall issue a written recommendation or decision as provided by the Society's appeal procedures. The timeframes set forth in this Policy are intended as guidelines to promote prompt resolution and do not create contractual rights or require dismissal of a complaint solely because a particular timeframe was not met.

VII. INITIAL REVIEW BY ASMBS CEO

As noted above, upon receipt of a complaint or report, the ASMBS CEO shall conduct a prompt and impartial preliminary assessment to determine if the matter shall be forwarded to the chair of the ethics committee. The purpose of the initial review is to evaluate the nature of the allegations, identify any immediate risks to individuals or the organization, preserve relevant evidence, and determine whether the matter falls within the scope of this Policy.

Upon receipt of a complaint:

1. The ASMBS CEO shall acknowledge receipt when feasible;
2. Immediate safety concerns shall be assessed and determination if needed to forward to the ethic's committee chair for review;
3. Interim measures may be implemented;
4. Relevant evidence shall be preserved; and
5. Jurisdiction under this Policy shall be determined.

VIII. EVALUATION OF CONDUCT BY THE CHAIR OF THE ETHICS COMMITTEE

Upon receipt of a complaint from the ASMBS CEO alleging sexual harassment or other prohibited conduct, the Chair of the Ethics Committee ("the chair"), shall conduct an initial review to determine whether the allegations, if true, could constitute a violation of this Policy. In making this determination, the chair shall evaluate the totality of the circumstances from the perspective of a reasonable person in the complainant's position. The chair's review at this stage is not intended to determine whether the allegations are true, make findings of fact, or decide whether the alleged conduct occurred, but rather whether the alleged conduct, if substantiated, would reasonably constitute sexual harassment or other prohibited conduct under this Policy.

If the chair determines that the allegations, if proven, could constitute a violation of this Policy, the matter shall be referred to the full Ethics Committee for investigation and adjudication. The provisions of this Section establish the procedures governing the investigation, including the appointment of investigators, collection and preservation of evidence, witness interviews, documentation requirements, and the preparation of investigative findings and recommendations. This preliminary review is not intended to serve as a final determination regarding the merits of the complaint, but rather to ensure that concerns are appropriately assessed, documented, and directed for further investigation or resolution as warranted. Respondents shall receive notice of the allegations and a reasonable opportunity to respond.

IX. INTERIM PROTECTIVE MEASURES

ASMBS Ethics Chair may impose temporary measures including:

1. Event attendance restrictions;
2. Committee suspension;
3. Restrictions on communications;
4. Removal from leadership roles;
5. Event access limitations; and
6. Other reasonable measures necessary to protect participants.

Interim measures are administrative and do not constitute a finding of misconduct.

X. ETHICS COMMITTEE INVESTIGATION AND BURDEN OF PROOF

The Ethics Committee shall conduct a fair, impartial, and thorough investigation of all complaints referred by the Chair. Following its review of the evidence, the Ethics Committee shall determine whether a violation of this Policy occurred using the preponderance of the evidence standard. A violation shall be established when the Ethics Committee concludes

that it is more likely than not that the alleged conduct occurred and that such conduct violates this Policy. The purpose of establishing a standard of review is to ensure that complaints are evaluated using a consistent, fair, and objective evidentiary threshold. ASMBS ethics committee will assess all available evidence, including documents, communications, witness statements, and other relevant information, to determine whether a violation of this Policy has occurred. The "Preponderance of the Evidence" standard is the evidentiary standard commonly used in workplace, professional association, and civil proceedings and requires a determination that the alleged conduct was more likely than not to have occurred. This standard does not require proof beyond a reasonable doubt or absolute certainty. Rather, after considering all relevant evidence, the ethics committee must conclude that there is a greater than fifty percent (50%) likelihood that the alleged misconduct occurred in order to find a violation of this Policy. ASMBS ethics committee shall apply a "Preponderance of the Evidence" standard. A violation shall be established when it is more likely than not that the conduct occurred.

The Ethics Committee shall issue written findings, conclusions, and any recommended corrective actions or sanctions. The purpose of the investigation process is to gather relevant facts, evaluate available evidence, interview appropriate individuals, and reach an impartial determination regarding the allegations raised. Investigations shall be conducted in a fair, thorough, and timely manner, consistent with the principles of due process, confidentiality, and organizational integrity. ASMBS may conduct investigations through:

1. Selected ASMBS leadership provided there is no conflict of interest.
2. Internal ethics personnel;
3. Independent investigators;
4. Legal counsel; or
5. Qualified external professionals.

The investigation may include interviews, written statements, documentary review, electronic communications, witness interviews; or review of photographs, recordings, social media, or other relevant evidence.

The ASMBS Ethics Committee serves as the final internal decision-making body responsible for evaluating allegations of misconduct and determining whether a violation of this Policy has occurred. Following completion of an investigation, the Ethics Committee shall conduct an independent and objective review of the relevant information, including the complaint, response, investigative findings, and supporting evidence. The Committee's role is to assess the facts, apply the applicable standards set forth in this Policy, and issue a fair and reasoned written

determination. In carrying out its responsibilities, the Ethics Committee shall act impartially, safeguard the integrity of the review process, and ensure that any disciplinary measures imposed are proportionate to the nature and severity of the conduct at issue. To maintain public confidence and procedural fairness, any Committee member with an actual, potential, or perceived conflict of interest shall be required to disclose the conflict and recuse themselves from participation in the matter. The ethics committee shall determine whether a violation occurred and issue a written decision.

A. **Available Outcomes.**

The Ethics Committee may:

1. Dismiss the complaint;
2. Issue educational counseling;
3. Issue a written warning;
4. Require ethics training;
5. Require professional conduct training;
6. Restrict participation in ASMBS activities;
7. Remove committee appointments;
8. Remove leadership positions;
9. Suspend membership;
10. Revoke membership;
11. Ban attendance at ASMBS events; or
12. Refer concerns to appropriate licensing, credentialing, accreditation, institutional, or governmental authorities where legally permissible and appropriate.

XII. APPEAL PROCESS AND INDEPENDENT REVIEW

ASMBS is committed to ensuring that disciplinary and ethics determinations are reached through a fair, impartial, and reliable process. While decisions issued following an investigation and Ethics Committee review are entitled to substantial deference, the Society recognizes that limited circumstances may warrant further review. Accordingly, this Section establishes a formal appeal process that allows either party to seek review of a decision based upon specified grounds, including procedural irregularities, newly discovered evidence, conflicts of interest, or findings that are clearly unsupported by the evidence or disproportionate to the circumstances. To preserve the integrity and impartiality of the review process, appeals shall be evaluated by an independent neutral professional who was not involved in the original investigation or decision-making process. The appeal process is intended to provide a final safeguard against material errors while promoting the timely and definitive resolution of matters arising under this Policy.

A. **Right to Appeal. Either party may appeal within thirty (30) days of the written decision.**

Any respondent or complainant materially affected by the Ethics Committee's determination may submit a written appeal within thirty (30) days of receiving the Committee's decision. Appeals shall be reviewed by an independent and neutral mediator or adjudicator who has not previously participated in the investigation, review, or determination of the matter and who has no actual or perceived conflict of interest. The neutral mediator shall review the record, the grounds for appeal, the procedures followed, and the reasonableness of the findings and sanctions. The mediator may affirm, modify, reverse, or remand the matter for further review.

The decision of the neutral mediator shall be final and binding upon the parties and the Society. Appeals shall be limited to procedural errors, newly discovered evidence, demonstrated conflicts of interest; and clearly unreasonable findings or sanctions. Any appeal shall be reviewed by an independent neutral mediator or dispute resolution professional who:

1. Is not affiliated with the original investigation;
2. Did not participate in the Ethics Committee review; and
3. Has no material conflict of interest.

The mediator may: Affirm the decision; Modify sanctions; Remand for additional investigation; or Reverse findings where appropriate. The parties to the organization agree that the determination of the mediator shall be final.

XIII. CONFIDENTIALITY

ASMBS recognizes the importance of protecting the privacy and confidentiality of individuals involved in the reporting, investigation, and resolution of complaints. Maintaining confidentiality encourages the reporting of concerns, protects the integrity of investigative processes, and helps safeguard the interests of complainants, respondents, witnesses, patients, and the organization. Accordingly, ASMBS will make reasonable efforts to limit the disclosure of information to those individuals who have a legitimate need to know in order to assess, investigate, resolve, or respond to a matter. At the same time, confidentiality obligations must be balanced against the requirements of due process, fair and thorough investigations, applicable legal and regulatory obligations, patient privacy requirements, and the Society's governance responsibilities.

ASMBS shall make reasonable efforts to protect confidentiality consistent with:

1. Due process;
2. Fair investigation requirements;
3. Applicable law;
4. Patient privacy obligations; and
5. Organizational governance obligations.

Absolute confidentiality cannot be guaranteed. Participants shall maintain confidentiality to the greatest extent reasonably possible. However, absolute confidentiality cannot be guaranteed.

XIV. RELATIONSHIP TO HEALTHCARE REGULATORY OBLIGATIONS

ASMBS recognizes that many of its members and participants are healthcare professionals who may be subject to independent legal, ethical, licensure, credentialing, and regulatory obligations. This Policy is intended to supplement, and not replace, any duties imposed by federal law, state law, professional licensing authorities, accrediting organizations, hospitals, healthcare facilities, credentialing bodies, or governmental agencies. Accordingly, the procedures set forth in this Policy shall not be interpreted to prohibit, delay, interfere with, or discourage any reporting, disclosure, cooperation, or action required by applicable healthcare regulations or professional standards. Where allegations involve patient safety, professional misconduct, licensure concerns, fraud, abuse, or other matters subject to regulatory oversight.
Nothing in this Policy shall:

1. Prevent mandatory reporting under federal or state law;
2. Limit reporting to licensing boards;
3. Limit reporting to hospitals or credentialing bodies;
4. Restrict reporting to law enforcement; or
5. Restrict reporting to regulatory agencies.

Where patient safety, professional licensure, or healthcare regulatory obligations are implicated, ASMBS reserves the right to notify appropriate authorities as permitted by law.

XV. NON-RETALIATION

ASMBS encourages individuals to raise concerns, report potential violations, and participate in investigations without fear of intimidation, reprisal, or adverse consequences. The effectiveness of this Policy depends upon the willingness of members, volunteers, leaders, employees, contractors, and other participants to report misconduct and cooperate in good faith with investigative processes. Retaliation undermines the integrity of the organization and will not be tolerated under any circumstances. ASMBS is committed to protecting individuals who make good-faith reports, provide information, serve as witnesses, or otherwise assist in the review and resolution of complaints.

ASMBS strictly prohibits retaliation against any person who:

1. Reports misconduct;
2. Participates in an investigation;
3. Serves as a witness; or
4. Cooperates with the Ethics Committee.

Retaliation may result in independent disciplinary action up to and including termination of membership or exclusion from Society activities.

XVI. RECORD RETENTION

ASMBS shall maintain complaint records, investigation materials, findings, and disciplinary decisions in accordance with its document retention policies and applicable legal requirements.

XVII. FEDERAL AND STATE LAW COMPLIANCE

ASMBS is committed to maintaining a workplace and professional environment that complies with all applicable federal, state, and local laws governing discrimination, harassment, retaliation, workplace conduct, and professional accountability. This Policy is intended to be interpreted and administered in a manner consistent with applicable legal requirements while also promoting the highest standards of professionalism, integrity, respect, and ethical conduct within the organization. The following authorities provide the legal framework supporting this Policy and shall guide its implementation, interpretation, and enforcement.

This Policy is intended to comply with:

1. Title VII of the Civil Rights Act of 1964;
2. Applicable Equal Employment Opportunity Commission (EEOC) guidance;
3. Federal anti-retaliation standards;
4. Applicable Florida anti-discrimination laws;
5. Applicable healthcare professional conduct requirements; and
6. Other applicable federal, state, and local laws.

Please Note: Title VII and EEOC rules apply to employees. Most people covered by the policy (e.g. members, attendees, volunteers etc.) are not ASMBS employees, so these laws shall not actually set the standard for disciplining them. They are useful for defining what counts as harassment, yet the standard for sanctioning a member shall rest on basic fairness for associations, not employment law solely. To the extent any provision conflicts with policy or applicable law, the law shall control.

XVIII. POLICY REVIEW

This Policy shall be reviewed periodically by ASMBS leadership, legal counsel, and the Ethics Committee to ensure ongoing compliance with evolving legal, ethical, and healthcare industry standards.

XIX. ACKNOWLEDGMENT

Participation in ASMBS activities constitutes acknowledgment of an agreement to comply with this Policy. Failure to comply may result in disciplinary action, suspension, removal from leadership positions, revocation of membership, exclusion from Society activities, or other appropriate sanctions.