

Bias Incident Report Form

ROUTING

(for Office Use Only)

Rec'd HRD _____

CC to Pres _____

CC to Police _____

Other Referrals _____

File # _____

Reported to: _____

Office: _____

Date/Time Reported: _____

Date/Time/Location of Incident: _____

Reporting Party _____ Do you wish to be anonymous? Y N

Contact Information _____

Victim/Target of Incident _____

Contact Information _____

Do you want the police to contact you? Y N

Do you wish to be anonymous? Y N

Witness(es) _____

Contact Information _____

Check all that apply in each category. You may omit any category.

Target: person office residence property
 other (please specify) _____

Identities Targeted (check all that apply):

Gender: male female transgendered
 other (please specify) _____

Race/Ethnicity: Asian-American African-American Chicano(a)/Latino(a) Caucasian
 Native American/Alaskan Other (please specify) _____

Sexual Orientation: Heterosexual Bisexual Gay Lesbian
 Other (please specify) _____

Religion: Catholic Jewish Muslim Protestant Hindu Atheist
 Other (please specify) _____

Ability: Disabled Non-disabled Other (please specify) _____

Nationality: (please specify) _____

Type of Incident: graffiti/signs _____ verbal _____ telephone _____ physical _____
propoerty damage _____ written communication _____
other (please specify) _____

Reporting Party's Signature _____

Please attach a full narrative report of incident, any supporting materials, or other information, and forward to Human Relations and Diversity, French Ad 139, Campus Zip 1013

Note: Information on this form is subject to Public Information Requests.