Bias Incident Report Form

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 ______
property 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.