

Bias Incident Report Form

A bias incident is characterized as a behavior or act—verbal, written or physical—which is personally directed against or targets an individual or group based on perceived or actual personally identifying characteristics such as race, color, national or ethnic origin, religious belief, sex, marital or domestic partnership status, affectional or sexual orientation, gender identity or expression, disability, veteran status, or age. Any behavior reflecting bias may be in violation with the University's policy. Bring this form to your DSL, and speak with him or her about the incident.

Status/Classification: <input type="radio"/> Undergraduate <input type="radio"/> Graduate <input type="radio"/> Staff <input type="radio"/> Faculty	Date of Incident: Time of Incident:
	Location of Incident: <input type="radio"/> Residential College <input type="radio"/> Classroom <input type="radio"/> Off-Campus <input type="radio"/> Common Spaces <input type="radio"/> Virtual Space (Twitter, Facebook, Email, Instant Messenger, etc)

Type of Incident: <input type="radio"/> Sexual Assault <input type="radio"/> Vandalism <input type="radio"/> Intimidation <input type="radio"/> Damage/Destruction of Property <input type="radio"/> Graffiti <input type="radio"/> Verbal Harassment <input type="radio"/> Written Harassment <input type="radio"/> Threat <input type="radio"/> Assault <input type="radio"/> Other: (please specify)	What Bias do you feel was the target of the incident? <input type="radio"/> Gender <input type="radio"/> Age <input type="radio"/> Marital Status <input type="radio"/> Sexual Orientation <input type="radio"/> Ethnicity <input type="radio"/> Veteran Status <input type="radio"/> Race <input type="radio"/> Religion <input type="radio"/> Disability <input type="radio"/> National Origin
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Detailed description of Incident:

Was anyone physically injured? (if yes, please explain)

☐ No

☐ Yes

Name of Person(s) Involved:

If known, Contact information for person(s) involved:

If you would like to be contacted for follow-up action on this bias report please provide your contact information below.

Name:

Email Address:

Telephone: