## Bias Incident Report Form

A bias incidentis 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:**  O Undergraduate  O Graduate  O Staff  O Faculty | **Date of Incident:**      **Time of Incident:** |
|  | **Location of Incident:**  O Residential College  O Classroom  O Off-Campus  O Common Spaces  O Virtual Space (Twitter, Facebook, Email, Instant Messenger, etc) |

|  |  |
| --- | --- |
| **Type of Incident:**  O Sexual Assault  O Vandalism  O Intimidation  O Damage/Destruction of Property  O Graffiti  O Verbal Harassment  O Written Harassment  O Threat  O Assault  O Other: (please specify) | **What Bias do you feel was the target of the incident?**  O Gender  O Age  O Marital Status  O Sexual Orientation  O Ethnicity  O Veteran Status  O Race  O Religion  O Disability  O National Origin |

**Detailed description of Incident:**

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

O No

O 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:**