BIAS INCIDENT REPORT FORM

NOTE: When reporting this incident, be sure to fill out all areas as completely as you can. You may have to follow up to get more information.

Name of the targeted person(s):
Address:
Telephone Number: Z ID Number:

Name of alleged offender(s):
Address:
Telephone Number: Z ID Number:

Factual Description of Alleged Incident:

Answer the following questions:

1) How does the person targeted by this incident feel (i.e., threatened, worried, etc.)?

2) Does the student/resident/guest/staff person targeted understand why we take these incidents seriously? (Discrimination and harassment is unacceptable in our communities)

Time and Date of Alleged Incident:

Place Alleged Incident Occurred:

Description of Property Involved in Alleged Incident and Dollar Value (if known):

**Attach any pictures or documents that support your report

Witnesses to Incident

Name ___________________________ Name ___________________________
Address _________________________ Address _________________________
Telephone Number __________________ Telephone Number __________________

I verify that the above information is true to the best of my knowledge.

_____________________________ ________________________________
Signature Address
☐ Check this box if the resident would like the report to be Information Only. Information only means that the incident is included in data collection and follow up, but the case will not be pursued further.