

Bias Incident Reporting Form

Date you learned of the incident _____

Name of respondent (person whose behavior is subject to this report) _____

Name of the reporter (person making the report) _____

Date of incident _____

Time of incident _____

Have you reported this incident to anyone else?

_____ Yes

_____ No

If yes, who did you report to? _____

Location of the incident – please provide the name of the location or describe below:

Type of incident (check all that apply)

_____ Harassment

_____ Sexual

_____ Verbal

_____ Written (including online, text or email)

_____ Other

Bias of Incident (why do you believe the incident occurred? Check all that apply)

_____ Age

_____ Ancestry/National Origin

_____ Citizenship status/Immigration status

_____ Gender

_____ Socio-economic status

_____ Race/Ethnicity

_____ Religion

_____ Sexual orientation

_____ Political views

_____ Veteran status

_____ Other

Description of the incident – include specific description of incident, names of bystanders and other relevant details.

As SCESD considers/investigates this report, your suggestions for resolution are welcome.
Please describe any suggestions below

Please submit/attach relevant supporting documents, photos, video, email, etc.