Bias Incident Report

Instructions: If you have been a person affected by or a witness to a bias incident, please complete and submit this Report to the Office of Diversity and Equity. The filing of a Bias Incident Report is taken seriously, and by submitting a report, you are attesting that the information provided is true and correct to the best of your knowledge. Submitting information about bias incidents is important. It provides the notice necessary for CCSU to accurately monitor and appropriately respond to activity that negatively impacts the climate and well-being of our academic community. Thank you for taking the time to complete and submit this report.

1. Individual reporting alleged bias incident (Complainant):

   Name /Department or Residence Hall: ___________________________________________
   Race/Sex: __________________________________________________________________
   Campus address: __________________________________________________________________
   Telephone Number: ___________________________ E-mail address (Optional): _____________
   Are you the affected individual(s)?   Yes ________ No________
   If No, please identify the affected individual(s) (if known) ___________________________

2. University status of Complainant(s):

   Student   Faculty   Staff   Consultant/Contractor   Visitor

   University status of Affected individual(s) (if known):

   Student   Faculty   Staff   Consultant/Contractor   Visitor

3. Date and time of alleged bias incident:     ___________________________   ______________________ a.m./p.m.
   (month/day/year)   (time of day)

4. Location of alleged Bias Incident (be specific)_______________________________________________________

5. Information about suspected offender (if known):

   Name(s): _______________________________________________________________________________________
   Address: __________________________________________________________________________________________
   Telephone: _________________________________________________________________________________________
   Relationship to affected individual(s): _________________________________________________________________
   University Status of suspected offender: _______________________________________________________________
   Other: ____________________________________________________________________________________________

6. Type of Bias Incident (check all that apply):

   Physical Attack   Verbal Attack   Graffiti
   Intimidation   Vandalism   Property Damage
   Discrimination   Sexual Harassment   Other: ________________________________
7. Suspected Motivation of Bias Incident (check all that apply):

☐ Age ☐ Marital Status ☐ Retaliation
☐ National Origin ☐ Ethnicity/Race ☐ Gender
☐ Religion/Creed ☐ Veteran Status ☐ Ex-Offender Status
☐ Sexual Orientation ☐ Disability ☐ Gender Identity or Expression
☐ Other (please identify):__________________

8. Summary of Bias Incident (Attach additional sheets as needed):

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I affirm that the above information is true and correct to the best of my knowledge.

__________________________________________  ______________________________
Signature of complainant                     Date