Incident Report #\_\_\_\_\_

**BIAS INCIDENT REPORTING FORM**

NAME OF **REPORTING** PARTY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Report 8/24/20

Date of Incident 8/24/20

Time of Incident \_\_\_\_\_\_\_\_\_\_

Location of Incident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number \_\_\_\_\_\_\_\_\_\_

Contact Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If "Other" describe here)

Type of Discrimination (check all that apply)

Age

Disability

Gender or gender identity

National origin

Race

Religion

Sex/Gender

Sexual orientation

Your Status to Incident (check all that apply)

I experienced the bias directly

I witnessed the incident

I heard about the incdient and wanted to report it

I heard about the incident and I am helping the victim/bystander tomplete this form

Respondent Name(s)

Please provide the name(s) of the person(s) you are reporting.

Witness(es) to the Incident

Please provide the name(s) of anyone who witnessed the incident you are reporting.

Account/Description of Incident

Please provide a detailed description of what happened, including any pertinent information on what led to the encounter. Please also include any action or response on the victim’s part. (This box will expand to fit.)

Supporting Documentation

Please list any forms of documentation or evidence you can provide to supplement this report. Documents, digital evidence, photographs, or other physical evidence should be submitted to the Inclusive Excellence Coordinator, along with this report.

Do you have any concerns about making this report (social ramifications, instructor retaliation, etc.)?

(this box will expand to fit)

What type of response to this incident report would you like to see from the Academy?

(this box will expand to fit)

What sort of follow up would you prefer from the Academy? (Check all that apply)

Phone call

Meeting with Inclusive Excellence Coordinator

Meeting with other Academy administration

No response

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE (Type whole name and check box below)

By signing above and checking here, I attest that the information recorded here is the truth, so far as I recall. I understand that, to the extent possible, all information will be held confidential by the recipients of this report to the extent possible, but that, in some instances, the Academy is mandated by law to report certain types of incidents.

**Please do not write below this line**

Date of Response 08/24/20

Description of Response

(this box will expand to fit)

Follow up/Consequences

(this box will expand to fit)