

Georgetown University Bias Related Incident Reporting Form

Name of Complainant/ Witness ☒:			
Address ☒:			
Phone ☒:		Email ☒:	
NetID ☒:		Today's Date ☒:	
Classification ☒:	<input type="checkbox"/> Undergraduate On-campus Student <input type="checkbox"/> Undergraduate Off-campus Student <input type="checkbox"/> Graduate/Professional Student		<input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Other

Incident/Event Information	
Date of Incident/Event ☒:	Time of Event/Incident ☒:
Event/Incident Location ☒:	
Type of Incident/Event: (Please select all categories that apply to the event if any.)	<input type="checkbox"/> Damage or Destruction of Property <input type="checkbox"/> Physical Harassment or Assault <input type="checkbox"/> Verbal Harassment <input type="checkbox"/> Phone Harassment <input type="checkbox"/> Written Harassment <input type="checkbox"/> Email/Online Harassment <input type="checkbox"/> Graffiti <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Intimidation <input type="checkbox"/> Vandalism <input type="checkbox"/> Other (Please identify):
Nature of Incident/Event: <i>What bias do you feel was the target of the incident?</i> (Please select all categories that apply to the event if any.)	<input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> Religion <input type="checkbox"/> Race <input type="checkbox"/> Disability <input type="checkbox"/> Marital Status <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> National Origin <input type="checkbox"/> Ethnicity <input type="checkbox"/> Gender Identity or Presentation <input type="checkbox"/> Culture <input type="checkbox"/> Veteran Status <input type="checkbox"/> Ex-Offender Status <input type="checkbox"/> Other (Please identify):
Detailed Description of Incident/Event ☒: (Please include all pertinent facts, behaviors, comments, gestures, markings, clothing, or distinguishing characteristics. Please attach additional sheets if necessary.)	

Fields marked with "☒" are required.

Was anyone physically injured? <input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Please explain: <i>If yes</i>			
Did anyone witness the event? <input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Name(s): <i>If known</i>			

Information on Person(s) Involved		
Name(s) of Persons Involved: <i>If known</i> (Please include any contact information available.)		
Affiliation:	<input type="checkbox"/> Undergraduate On-campus Student <input type="checkbox"/> Undergraduate Off-campus Student <input type="checkbox"/> Graduate/Professional Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty	<input type="checkbox"/> Visitor <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (Please identify):

Follow-up Action	
Please contact me via:	<input type="checkbox"/> Email <input type="checkbox"/> Phone

Additional Information: (Anything that you would like to provide us. Please attach additional sheets if necessary.)	
--	--

Please print this Bias Related Incident Reporting Form, complete it, and **deliver it to the Office of Student Affairs on the 5th Floor of the Leavey Center**. If getting to the Leavey Center is not practical, **you may fax the form to 202.687.6255**. In either case, **please mark the form Attn: Bias Reporting Team**. You will receive a follow-up call or e-mail from a member of the reporting team soon after submitting your form.

Fields marked with "☒" are required.