



Office of Institutional Diversity and Inclusion at Northeastern University

Bias Incident Report Form

Instructions:

If you have been the subject of or a witness to a bias incident, please complete and submit this report to the Office of Institutional Diversity and Inclusion or the Public Safety Division at the addresses below. The filing of a Bias Incident Report is serious, and by submitting a report, you are attesting that the information provided is true and correct to the best of your knowledge.

The University takes all reports seriously. The report provides an opportunity for the University to respond promptly and appropriately to acts that negatively affect safety, the campus climate, and the overall well-being of our community. Thank you for taking the time to complete and submit this report.

Office of Institutional Diversity and Inclusion
360 Huntington Avenue
125 Richards Hall
Boston, MA 02115
Phone: 617-373-2133
Fax: 617-373-4146
www.northeastern.edu/diversity

Public Safety Division
716 Columbus Avenue
100 Columbus Place
Boston, MA 02120
Non-emergency: 617-373-2121
Emergency: 617-373-3333
Fax: 617-373-5761
TTY: 617-373-3934
www.neu.edu/publicsafety/procedures

1. Date _____ and time _____ am / pm of alleged bias incident.
2. Address/location of alleged bias incident _____.
3. Name and/or description of alleged perpetrator(s). If identity is known, include any other details, such as address, telephone number, e-mail address, your relationship, and all relevant information.

Witness(es)

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Bias Incident Report Form (continued)

4. Type of bias incident (check all that apply):

- Physical Attack
- Verbal Attack
- Graffiti
- Intimidation
- Property Damage
- Vandalism
- Other (please specify): _____

5. Nature of bias incident (check all that apply):

- Age
- Marital Status
- Retaliation
- Disability
- National Origin
- Ethnicity
- Gender
- Race/Color
- Religious/Creed
- Veteran Status
- Ex-Offender Status
- Abuse of electronic /telecommunications
- Sexual Harassment
- Sexual Orientation
- Other (please specify): _____

6. Summary of bias incident (attach additional sheets as needed):

7. Contact information for individual reporting alleged bias incident (reporter):

Name	University department or college
Local address	
E-mail address	Local phone number

8. University status:

- Student
- Faculty
- Staff
- Other (please explain): _____

9. Would you like to be referred to University support services, such as University Health and Counseling Services, the Public Safety Division or the Office of Human Resources Management?

- Yes
- No

Signature of Reporter

Date

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