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)
__________________________________________________________

__________________________________________________________
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
   __Sexual Harassment  __Sexual Orientation  __Disability  __Abuse of electronic
   /telecommunications
   __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.)