

SOUTH PUGET SOUND COMMUNITY COLLEGE

Bias-Motivated Incident Reporting Form

Reported by Victim Security Other (Name and relationship) _____

Date of incident: _____ Time of incident _____

Location of incident: _____

On Campus Off Campus (College-sponsored event) In a classroom Yes No

Bias motivation (victim's actual or perceived status):

___ Race ___ Religion ___ Ethnic/National Origin ___ Disability

___ Sexual Orientation ___ Gender ___ Gender identity

___ Other: Please describe:

Relationship of victim to offender: ___ Acquaintance ___ Not an acquaintance ___ Unknown
(an acquaintance is someone the victim would describe as "not a stranger.")

Please complete if known:

Victim: (Does victim request anonymity?) ___ yes ___ no

Name _____ Gender ___ Age ___ Race _____

Address _____ Phone _____

Student Employee Visitor

Offender

Name _____ Gender ___ Age ___ Race _____

Address _____ Phone _____

Student Employee Visitor

Description of incident: (Please use back if necessary):



Description of Incident continued:

Person completing report: _____ Date _____

Submit to Security within 24 hours (bldg 25)

BIRT Action:

Campus Security Office Use Only:

This report was forwarded to: _____ Date _____

This report was forwarded to: _____ Date _____

