Bias Incident Report Form

Thank you for taking the time to complete this report.

A bias incident is defined at SMU as an action, behavior, or expression against an individual or groups actual or perceived identity. Individuals or groups may experience bias based on, but not limited to: race, ethnicity, gender, sexual orientation, socioeconomic status, religion, ability, or gender identity and expression. Such bias incidents may be intentional or unintentional and affect the individual or SMU community.

The university is committed to addressing incidents of bias impacting the members of the community on and off campus, and appreciates your help in bringing these incidents to our attention. This form can be completed by either victims of bias-related incidents or witnesses to them. Please include as much information as possible. All reports will be kept confidential to the extent possible; you also have the option to file anonymously. If you wish to be contacted, please include your name and preferred contact information at the conclusion of this form.

Status at SMU:
- □ Undergraduate Student
- □ Graduate/Professional Student
- □ Staff
- □ Faculty
- □ other (Please specify) _________

Date of Incident: ______________

Time of Incident: ______________

Location of Incident:
- □ Residence Hall
- □ Office (Please Specify) _____________________
- □ Virtual Space (Facebook, Twitter, etc.)
- □ Common spaces _________________ (location)
- □ Classroom _________________ (location)
- □ Off-campus___________________ (location)
- □ Other: _______________________

You may provide additional details such as specific information about the location(s) of the incident here:

Type of Incident (Check all that apply):
- □ Damage/Destruction of Property
- □ Graffiti
- □ Phone harassment
- □ Threat
- □ Verbal harassment
- □ Other (please specify): _____________________________
- □ Email/Online Harassment
- □ Intimidation
- □ Physical harassment/Assault
- □ Vandalism
- □ Written Harassment
Nature of Bias (Check all that apply):

- Age
- Disability
- Ethnicity
- Gender
- Gender Identity
- National Origin
- Race
- Religion
- Sexual Orientation
- Veteran Status
- Other (please specify): __________

Provide as much information as you can about the incident:

Was anyone physically injured? If yes, please explain:

Provide the name(s) and/or any identifying information of the person(s) involved in the incident if known, including yourself if appropriate:

Were there any witnesses to the event? If yes, please provide names and contact information, if known:

Who else, if anyone, has been notified about the incident?

- Resident Assistant: _______________________
- Police: _________________________________
- University Office: ______________________
- Professor: _____________________________

If you would like to be contacted for follow-up, please provide your name and contact information below (Optional):

First Name: _______________________________
Last Name: _______________________________
Email Address: ___________________________
Telephone Number: _______________________

I prefer to be contacted by: □ E-mail □ Telephone

*Please note, follow up is limited if no contact information is provided*
Thank you once again for taking the time to report this incident. Reports will be reviewed within a 48-hour time frame. If this is an emergency, please dial 911.