



CENTRAL CONNECTICUT STATE UNIVERSITY  
OFFICE OF DIVERSITY AND EQUITY

**Bias Incident Report**

**Instructions:** If you have been a person affected by or a witness to a bias incident, please complete and submit this Report to the Office of Diversity and Equity. The filing of a Bias Incident Report is taken seriously, and by submitting a report, you are attesting that the information provided is true and correct to the best of your knowledge. Submitting information about bias incidents is important. It provides the notice necessary for CCSU to accurately monitor and appropriately respond to activity that negatively impacts the climate and well-being of our academic community. Thank you for taking the time to complete and submit this report.

**1. Individual reporting alleged bias incident (Complainant):**

\_\_\_\_\_  
Name /Department or Residence Hall Race/Sex

\_\_\_\_\_  
Campus address

\_\_\_\_\_  
Telephone Number E-mail address (Optional)

Are you the affected individual(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please identify the affected individual(s) (if known) \_\_\_\_\_

**2. University status of Complainant (s):**

Student  Faculty  Staff  Consultant/Contractor  Visitor

**University status of Affected individual(s) (if known):**

Student  Faculty  Staff  Consultant/Contractor  Visitor

**3. Date and time of alleged bias incident:** \_\_\_\_\_ a.m./p.m.  
(month/day/year) (time of day)

**4. Location of alleged Bias Incident (be specific)** \_\_\_\_\_

**5. Information about suspected offender (if known):**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to affected individual(s): \_\_\_\_\_

University Status of suspected offender: \_\_\_\_\_

Other: \_\_\_\_\_

**6. Type of Bias Incident (check all that apply):**

- Physical Attack  Verbal Attack  Graffiti
- Intimidation  Vandalism  Property Damage
- Discrimination  Sexual Harassment  Other: \_\_\_\_\_

