



BIAS INCIDENT REPORT FORM FOR COMPLETION BY STUDENTS

Bias is defined by the University as any act that threatens or harms a person or group on the basis of race, religion, color, sex, sexual orientation, gender identity and expression, national origin, ancestry, disability, age, marital status, or veteran’s status. If you feel you have experienced or witnessed such an act on the part of a member of the University and wish to speak with someone in authority, please complete this form and forward it to Cheryl Clarke, cclarke@rci.rutgers.edu. You can also contact Cheryl at 732-932-1711 (phone) or 732-932-3123 (fax).

Today’s date: _____

Are you the victim?: Yes No

Are you a witness of the bias incident?: Yes No

1. Name: _____ 2. Cell Phone Number: _____ (Opt.)

3. Have you contacted any other member of the University?

- Faculty
- Administrator
- University Police
- Student Leader
- No one

4. Day/date/time incident occurred: _____ a.m. p.m.

5. Day/date/time you are completing this form: _____ a.m. p.m.

You may also print out, complete, and fax form to Cheryl Clarke at 732-932-3123. You will be contacted within 24 hours of receipt of this form, at which time more detailed information will be gathered.

**IF YOU FEEL IN ANY IMMEDIATE DANGER PLEASE CONTACT
UNIVERSITY POLICE AT 732-932-7211.**