



Racial Incident Report

Note: All information reported on this form will be kept confidential by staff and administration

Today's Date: _____		Campus: _____	
*Your Name: _____		Date of Incident: _____	
*Optional – If you would like the incident to be addressed by an administrator, a name must be included.			
*Victim(s): _____		*Perpetrator(s): _____	
*Optional – If you would like the incident to be addressed by an administrator, a name must be included.			
Ethnic group(s) of victim(s): <small>(check the boxes that apply. List uses federal census language, 2020)</small>		Ethnic group(s) of perpetrator(s), if known: <small>(check the boxes that apply. List uses federal census language, 2020)</small>	
American Indian or Alaska Native	<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>	White	<input type="checkbox"/>
Two or more races	<input type="checkbox"/>	Two or more races	<input type="checkbox"/>
Latino/a	<input type="checkbox"/>	Latino/a	<input type="checkbox"/>
	<input type="checkbox"/>	Unknown	<input type="checkbox"/>

2. Place Incident occurred: (check the boxes that apply)

Classroom	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Bathroom	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	Outside building	<input type="checkbox"/>	Chapel	<input type="checkbox"/>
Dining Hall	<input type="checkbox"/>	Between Classes	<input type="checkbox"/>	Library	<input type="checkbox"/>
Social Media (online)	<input type="checkbox"/>	Gym/Sporting Event	<input type="checkbox"/>	Residence Hall	<input type="checkbox"/>
Other – Please specify:					

3. Category of incident: (check the boxes that apply)

Name calling	<input type="checkbox"/>	Physical abuse	<input type="checkbox"/>	Abuse of personal property	<input type="checkbox"/>
Provoking others	<input type="checkbox"/>	Inappropriate contact	<input type="checkbox"/>	Refuse to cooperate, sit next to	<input type="checkbox"/>
Graffiti	<input type="checkbox"/>	Written	<input type="checkbox"/>	Sharing of offensive materials	<input type="checkbox"/>
Other – Please specify:	<input type="checkbox"/>	Social media (Please specify):	<input type="checkbox"/>	Use of racially discriminatory language – including jokes (Please specify):	<input type="checkbox"/>

Additional Notes: (Please include a written narrative of the incident on the back of this form)

