

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



# Community Colleges of Spokane BIAS INCIDENT AND HATE CRIMES REPORT

Community Colleges of Spokane developed this form in order to obtain information about and respond to bias incidents and hate crimes on our campuses. Please submit the reporting form to:

- SCC:** Student Activities Office, Lair Student Center, Room 6-0125, MS 2061
- SFCC:** Student Activities Office, Building 17-117, MS 3174
- IEL:** Student Activities, Lodge 011B, MS 3090
- Riverpoint One:** Suite 139, MS 1009

A **BIAS INCIDENT**, or hate incident, is an act of conduct, speech, or expression to which a bias motive (relating to race, religion, disability status, ethnicity, national origin, gender or sexual orientation) is evident as a contributing factor, regardless of whether the act is criminal. A **HATE CRIME** is a criminal offense committed against a person that is motivated, in whole or in part, by the offender's bias.

## PERSON COMPLETING THIS FORM IS A:

- witness to a bias incident/hate crime       target of a bias incident/hate crime

Reporting date \_\_\_\_\_ Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_  AM  PM

Based on the definitions above, this report concerns a:     bias incident     hate crime

First name \_\_\_\_\_ Last name \_\_\_\_\_

E-mail \_\_\_\_\_ Contact phone \_\_\_\_\_

1. Please describe the incident from your perspective:

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2. Location of the incident \_\_\_\_\_

3. I felt the incident was: (check all that apply)

- |  |                                     |  |   |   |
|--|-------------------------------------|--|---|---|
| <input type="checkbox"/> Verbal assault or slur    | <input type="checkbox"/> Leafleting | <input type="checkbox"/> Phone harassment                    | <input type="checkbox"/> Property damage    | <input type="checkbox"/> Pursuit/chase    |
| <input type="checkbox"/> Sexual harassment         | <input type="checkbox"/> Graffiti   | <input type="checkbox"/> Public indecency                    | <input type="checkbox"/> "Threat of outing" | <input type="checkbox"/> Physical assault |
| <input type="checkbox"/> Threat of physical attack | <input type="checkbox"/> Stalking   | <input type="checkbox"/> Unwanted e-mail or Internet message |   |   |
| <input type="checkbox"/> Other _____               |                                     |  |   |   |

4. I felt the bias incident or hate crime was because of: (check all that apply)

- |                                      |                                     |                                    |   |                                      |                              |                                   |
|--------------------------------------|-------------------------------------|------------------------------------|---|--------------------------------------|------------------------------|-----------------------------------|
| <input type="checkbox"/> Gender      | <input type="checkbox"/> Disability | <input type="checkbox"/> Race      | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Size        | <input type="checkbox"/> Age | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> Appearance | <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Native language    | <input type="checkbox"/> Other _____ |                              |                                   |

5. Do you know the identity of the person allegedly intimidating, harassing or discriminating?     Yes     No

6. The person allegedly intimidating, harassing or discriminating is: (check all that apply)

- Male     Female     Employee     Faculty     Staff     Student     Non student     Unknown

7. Do you wish to be contacted by a member of the Bias Incident Response Team?     Yes     No

8. Was this incident or crime reported to any police agency?     Yes     No

9. Was the incident or crime reported to any other department on campus?     Yes     No    Who? \_\_\_\_\_

10. Is there any additional information the Bias Incident Response Team needs to know?

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*Thank you for taking the time to step up and help us combat bias incidents and hate crimes at Community Colleges of Spokane.*