

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.



# Spokane Community College BIAS INCIDENT AND HATE CRIMES REPORT

Spokane Community College developed this form in order to obtain information about and respond to bias incidents and hate crimes on our campus. Please submit the reporting form to the Student Activities Office, Lair Student Center, Room 6-0125, MS 2061.

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 \_\_\_\_\_  Male  Female

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

1. Please describe the incident from your perspective: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Campus location of the incident \_\_\_\_\_

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

- Verbal assault or slur       Leafletting       Phone harassment       Property damage       Pursuit/chase
- Sexual harassment       Graffiti       Public indecency       "Threat of outing"       Physical assault
- Threat/physical attack       Stalking       Unwanted e-mail or Internet message
- Other \_\_\_\_\_

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

- Gender       Disability       Race       Sexual orientation       Size       Age       Religion
- Nationality       Appearance       Ethnicity       Native language       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     SCC employee     SCC faculty     SCC staff     Student     Non student     Unknown

7. Do you wish to be contacted by a member of the SCC 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

10. Is there any additional information SCC needs to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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