



Act of Intolerance, Harassment or Hate Crime Incident Form

All information on this form will be kept strictly confidential. Please be as specific as possible when answering the questions below. If you have any questions regarding this form, please feel free to call one of the departments listed at the bottom of this form.

(OFFICIAL USE ONLY) Incident

Date Reported		Time Reported		Attachments (if any) <input type="checkbox"/> None <input type="checkbox"/> Pictures <input type="checkbox"/> Witness Statement <input type="checkbox"/> Evidence <input type="checkbox"/> Other		
Date of Incident		Time of Incident		Location of Incident (be very specific)		
Victim/Reporting Party			USD ID	Address		Phone #
Witness			USD ID	Address		Phone #
Suspect			USD ID	Address		Phone #
Race	Sex	Age (Approx)	Height	Hair Color/ Length	Eye Color	Build
Clothing Worn			Additional Information (including other identifying information)			

Please describe the incident in detail (attach additional pages if necessary)

Describe how you felt about the incident (attach additional pages if necessary)

PLEASE RETURN THIS FORM TO ONE OF THE FOLLOWING LOCATIONS
 Department of Public Safety (available 24hrs), Hughes Administration Center 151 (x 4517)
 Dean of Students Office of Student Affairs, University Center 232 (x4588),
 or Human Resources Office, Maher Hall 101 Attn: Nicole Schuessler (x7408)