University of San Diego

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) ☐ None ☐ Pictures ☐ Witness Statement ☐ Evidence ☐ 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)

PLEASE RETURN THIS FORM TO ONE OF THE FOLLOWING LOCATIONS

Department of Public Safety (available 24hrs), Durango Bldg. Suite D (619) 260-7777
Student Affairs Dean of Students Office, Hahn University Center, Room 232 (619) 260-4588
or Human Resources, Maher Hall 101 Attn: Nicki Veloz, Director of Title IX, EEO and Employee Relations (619) 260-7408