SOUTH SEATTLE COLLEGE
BIAS INCIDENT RESPONSE/SUPPORT TEAM (BIRST)

ALLEGED BIAS INCIDENT REPORT FORM

UNKNOWN OFFENDER

It is important to document bias motivated incidents on our campus, even when the offender is unknown. By documenting these incidents, we keep a record of activity that affects our campus climate. This information will help us direct our attention and resources to much needed education about cultural differences on our campus.

*All personal information (name, contact info, etc.) is kept confidential.*

Date of Incident: ____________________  Time of Incident: ____________________

Location of Incident (Be specific): __________________________________________

I feel this incident was motivated by *(check all that apply)*:

- [ ] Disability
- [ ] Race/Ethnicity/National Origin
- [ ] Religion
- [ ] Sexual Orientation
- [ ] Sex/Gender/Gender Identity/Gender Expression
- [ ] Other: _____________________________________________________

Are you able to provide descriptions of any persons or people involved in this incident?

Describe the incident *(Tell in your own words what happened, where, when, who was present, and how you found out about the incident)*. Please arrange details in chronological order and, if any, attach relevant evidence:
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Your Name: ________________________________

E-Mail: ______________________________________

Phone: (Home) ____________________________ (Cellular) ______________________________

Address: ________________________________________________________________

Street

Apt. #

City

Zip

OPTIONAL: May we contact you regarding this incident? (Circle one) Yes No

Witnesses or Others Involved:

NAME: ___________________________ PHONE & EMAIL ______________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Thank you for completing this form. Please do not write below this line.

________________________________________________________________________

Print Name of BIRST Member Assisting in this Report __________________________ Incident Number __________

BIRST Member Signature __________________________________ Date Signed __________