SOUTH PUGET SOUND
COMMUNITY COLLEGE

Hate Crime/Bias-Motivated Incident Reporting Form

Complete this form as it relates to an incident that occurred on campus or a college sponsored event

Reported by: Victim ☐ Security ☐ Other ☐ (who and relationship) _____

Date of incident: _____ **Time of incident:** _____

Location of incident: _____

On-Campus: ☐ **Off-Campus (College Sponsored Event):** ☐ **In a classroom:** Yes ☐ No ☐

Bias motivation: Racial ☐ Ethnicity/National Origin ☐ Religious ☐ Sexual Orientation ☐
Disability ☐ Gender ☐ Other (Describe below) ☐

Other: _____

Relationship of victim to offender: Acquaintance* ☐ Not an acquaintance ☐ Unknown ☐
*An acquaintance is someone the victim would define as "not a stranger"

Please complete if known

Victim: Victim requests anonymity: Yes ☐ No ☐
Name: _____ Gender: _____ Age: ____ Race: _____
Address: _____Phone: _____
Student: ☐ Employee: ☐ Visitor: ☐

Offender: Name: _____ Gender: _____ Age: ____ Race: _____
Address: _____ Phone: _____
Student: ☐ Employee: ☐ Visitor: ☐

Description of incident:

_____
_____
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Person completing report: _____ **Date:** _____

Submit this completed report to the Campus Security Office within 24 hours.

BIRT Action:

_____
_____
_____