

## **Bias Reporting Form**

Please complete if you are the target of bias, witness, or are the person with actual information regarding a bias incident. Please fill out and check all boxes that apply.

*Note: If you wish to remain anonymous, complete the form without identifying information and use the DPS Inter-office mailing system, or mail this completed form to:*

**Decatur Public Schools**  
**Assistant Superintendent of Diversity, Equity & Inclusion**  
**101 West Cerro Gordo Street**  
**Decatur, IL 62523**

### **Person reporting incident:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to target of bias: \_\_\_\_student \_\_\_\_parent \_\_\_\_staff \_\_\_\_other: \_\_\_\_\_

Are you the target of the incident? \_\_\_\_yes \_\_\_\_no

If no, please give the name of the person who was targeted: \_\_\_\_\_

School or location: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

### **Name of person(s) being reported for an act of bias:**

Name: \_\_\_\_\_ \_\_\_\_student \_\_\_\_staff

Name: \_\_\_\_\_ \_\_\_\_student \_\_\_\_staff

Name: \_\_\_\_\_ \_\_\_\_student \_\_\_\_staff

### **Type of bias:** (why do you believe this incident occurred) check all that apply

Age\_\_\_\_ Ancestry/National Origin\_\_\_\_ Citizenship Status/Immigration Status\_\_\_\_ Disability\_\_\_\_

Sex/Gender\_\_\_\_ Gender Identity or Gender Expression\_\_\_\_ Socioeconomic Status\_\_\_\_ Religion\_\_\_\_

Race/Ethnicity\_\_\_\_ Sexual Orientation\_\_\_\_ Political Views or Affiliation\_\_\_\_ Veteran Status\_\_\_\_

Other: \_\_\_\_\_

