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: ______________________________________________________________________________
Person was targeted in the following way(s): check all that apply

___ Electronic Device (e.g., social media such as Facebook, text, email, etc)
___ Written communication (e.g., handwritten notes or other written documents)
___ Verbal conduct (e.g., yelling, name-calling, using derogatory slurs, etc)
___ Physical conduct (e.g., stalking, destruction of property, etc)
___ Other (please explain)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Have you reported this before?  ____yes  ____no  If yes, please list below who you report it to and when
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Person was targeted in the following location(s) check all that apply

___ Classroom  ___ Locker Room  ___ Hallway  ___ Bus
___ Cafeteria  ___ Bus Stop  ___ Restroom  ___ Gym
___ After School Program  ___ School related activity or event  ___ Other ____________________________

Please tell us about the incident in your own words. Use a much details as possible, including witnesses, what was said/done, and where the incident occurred.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature:___________________________________________     Date: _______________________________

Phone Number:______________________________________