

Report Form for Racial Bias

To be completed by the target of racial bias, witness, or person with actual information regarding the incident. Please print and check the appropriate boxes.

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 targeted: _____ Grade: _____

School/Location: _____

Date of incident: _____

Time of incident: _____

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

Name: _____ ___ student ___ staff

Name: _____ ___ student ___ staff

Name: _____ ___ student ___ staff

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, 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)
