**Boston College Bias-Related Incident Reporting Form**

Boston College is committed to addressing incidents of bias and appreciates your assistance in bringing these incidents to our attention. This form can be completed by either victims of bias, by witnesses to such incidents, or by students, faculty and staff members to whom others have reported incident(s). Please include as much information as possible.

If you believe that you have been a target or witness to a hate crime we encourage you to contact the Boston College Police (BCPD) or other designated authorities before using this form. See either the [“If you have been a target of hate”](http://www.bc.edu/offices/diversity/hate-crime-conduct-proto/target-of-hate-crime.html) or the [“If you have been a witness”](http://www.bc.edu/offices/diversity/hate-crime-conduct-proto/witness-of-hate-crime_.html) section of the Hate Crime and Bias-Related Incident Protocol for further information about what should be reported and how to do so*. Information collected by the BCPD or designated authorities for the purpose of investigating allegations of hate crimes are subject to federal and state criminal investigation protocols.*

Reports will be kept confidential to the extent possible unless it requires judicial or administrative action. Once the form is completed and saved, send it as an e-mail attachment **using your BC email account** to the Executive Director of the Office for Institutional Diversity at patricia.lowe@bc.edu. You may also print your completed form and hand deliver it to Patricia Lowe at the Office for Institutional Diversity, 129 Lake Street, Room 211. **Forms received via Campus Mail or U.S. Mail will not be accepted.**

If you have any questions about the form, its use or the Hate Crimes and Bias-Related Incident Protocol, please contact the Office for Institutional Diversity at 617-552-2323 or visit the Hate Crime and Bias-Related Incident website.

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***Click in a Grey area to begin entering a response***

1. Name of person providing this information: 

 Email  Phone 

1. Status of person reporting:

 

If other please specify: 

1. Date this report was made:   

 Month Date Year

1. Date incident occurred:   

 Month Date Year

1. Approximately what time incident(s) took place:  

(Midnight = 12:00 a.m.; noon = 12:00 p.m.)

1. Was this incident reported to anyone (e.g. faculty, staff, student)? 

If yes, to whom was it reported? 

Was this reported to BCPD? 

1. This is a:





1. Is the person filling out this form:





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1. How many people were subject to the incident(s)? 

Were the subject(s) (check all that apply):

 

 

 



1. How many perpetrators were involved in the incident? 

Were they (check all that apply):

 

 

 



1. In the space below, please describe the perpetrator(s) in as much detail as possible, including name, gender, estimated age, and physical characteristics etc.



1. In the space below, please describe what happened in as much detail as you can, including times, locations, number of witnesses, and the details that make you believe the incident was hate-motivated.



1. What types of identity do you believe this incident was targeting (i.e. was it based on assumptions about race, sexual orientation, disability, etc.)? Please check all that apply.

 

 

 

 

 

1. What form(s) did the incident take?\* Please check all that apply and describe, if applicable.

 

 

 

*\*Any incident(s) of vandalism, physical assault (with ot without a weapon), and/or sexual assault should be reported immediately to BCPD.*

**For further information regarding incident(s) of sexual assault, please visit the Boston College Title IX website at** [**http://www.bc.edu/offices/diversity/compliance/TitleIX.html**](http://www.bc.edu/offices/diversity/compliance/TitleIX.html)

Thank you for completing this form. You will be contacted shortly as a follow up to this report. If you wish to make changes or additions to your report at any time, please use this form again and check “Modification of an existing report” in question 6.