

Attachment B

Opportunity Development/ Diversity Education Planning Office at Georgia State University Bias Incident Report

Instructions: If you have been the subject of or a witness to a bias incident, please complete and submit this Report to the Opportunity Development/Diversity Education Planning Office at the address set forth below.

Opportunity Development/Diversity Education Planning Office
10 Park Place, Suite 460
P.O. Box 3983
Atlanta, GA 30303
Office No.: 404-651-2567
Facsimile No.: 404-651-1598
www2.gsu.edu/~wwwafa/

1. Date and time a.m. / p.m. of alleged bias incident.

2. Address of alleged Bias Incident

3. Information about suspected perpetrator (if identity known):

Names: Address: Telephone: Relationship to: Other:

4. Type of Bias Incident (check all that apply):

- Physical Attack, Verbal Attack, Graffiti, Intimidation, Vandalism, Property Damage, Other:

5. Nature of Bias Incident (check all that apply):

- Age, Marital Status, Retaliation, Disability, National Origin, Ethnicity, Gender, Race/Color, Religion/Creed, Veteran Status, Ex-Offender Status, Sexual Orientation, Sexual Harassment, Gender Identity or Expression, Other (please identify):

6. Summary of Bias Incident (Attach additional sheets as needed):

(Attach additional sheets if needed)

7. Contact information for individual reporting alleged bias incident (Complainant).

Name University Department or College
Local address
E-mail address (Optional) Phone Number

8. University status of Complainant (s):

- Student, Faculty, Staff, Consultant/Contractor, Visitor

9. Identity:

Race: Sex:

10. Would you like to be contacted about the bias incident you are reporting?

(If so, please make sure to include your contact information in paragraph 7.) Yes No

Signature of Complainant

Date

(I affirm that the above information is true and correct to the best of my knowledge.)