

Attachment C

OPPORTUNITY DEVELOPMENT/DIVERSITY EDUCATION PLANNING OFFICE
(ODDEP USE ONLY)

Intake Form

Bias Incident Report received in ODDEP on (Date) _____ at (time) _____ a.m. / p.m.

Name of University Representative from whom Bias Report was received: _____

Report Identification Number: _____

The Complainant has been provided a copy of the resource list: Yes No

Referrals made to (check all that apply):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Judicial Advisor | <input type="checkbox"/> University Police | <input type="checkbox"/> Student Services |
| <input type="checkbox"/> Counseling Center | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Other: _____ | |