



## **Bias Incident Report-All Campuses**

The purpose of this form is to report to the university incidents motivated by bias or hatred, which occur, on and off the UWGB campuses (Green Bay, Manitowoc, Marinette, Sheboygan) in an effort to record, respond and prevent future behaviors. If this is an urgent or emergency situation in which someone does not feel safe, call 911, your local police agency or UWGB University Police at 920-465-2300 option #1. Submissions of this form are responded to in a timely manner, but not as emergencies.

By reporting such incidents, you help the university community to maintain a positive learning, living and working environment. Examples may include but are not limited to the use of degrading language or slurs, spoken or written, or degrading behavior directed at women, men, gays, lesbians, individuals with visible or hidden disabilities or language or behavior that is racist, anti-Semitic, etc. Incidents that rise to the level of a crime should also be reported to local police agencies or UWGB University Police (920-465-2300). This form does not substitute for reporting violations pursuant to existing policies regarding sexual harassment, or discrimination.

### **Background Information**

By sharing your contact information, staff have the opportunity to contact you to clarify facts or the context of your concerns. Thank you for helping us respond and prevent this behavior in the future.

Enable additional features by logging in. [🔗 \(https://cm.maxient.com/reportingform.php?UnivofWisconsinGreenBay&layout\\_id=9&promptforauth=true\)](https://cm.maxient.com/reportingform.php?UnivofWisconsinGreenBay&layout_id=9&promptforauth=true)

Your full name:

Your affiliation with UWGB:

Your phone number:

Your email address:

Your physical address:

Date of incident (Required):

mm/dd/yyyy

Time of incident:

Location of incident (Required):

Please select a location ...

Specific location:

[i Learn more](#)

## Involved Parties

Involved parties would be anyone who was involved in the act, a victim of the act, or a witness to the act.

Name or Organization

Select Gender Pronouns

Role of Person

Phone number

Email address

Hall/Address

[Add another party](#)

## Questions

To help us understand what happened, and the proper context, please answer the following questions.

What was the type of bias you believe motivated this incident? (Required)

- Age
- Disability
- Ethnicity/National Origin
- Gender
- Gender Expression
- Gender Identity
- Other-please explain in text of report
- Racial
- Religious
- Sexual Orientation

What is the relationship between the victim and offender? (Required)

Please describe the incident as it occurred. (Required)

How would you like to see this issue resolved? (Required)

What is the best way for us to contact you? (Required)

Please Choose...

### Supporting Documentation

Supporting documents could be emails, social media posts, pictures, videos or scanned documents. 5GB maximum total size.

**Attachments require time to upload, so please be patient after submitting this form.**

Choose files to upload	<b>Choose Files</b>
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Email me a copy of this report

**Submit report**