

Campus Belonging

## Campus Belonging Report

### Campus Belonging Concern

#### Report Instructions

Members of our campus community are invited to use this form to submit concerns about behavior that negatively affects their own or other's sense of belonging and inclusion at the University of Illinois. Examples may include expressions or behaviors that target individuals or groups of people based on their real or perceived membership in that group.

Campus Belonging staff will provide resources and options to individuals upon request. The Campus Belonging program also tracks reports to identify and respond to emerging trends.

Campus Belong is not a disciplinary body and does not perform investigations or impose punishments for policy violations, and does not mandate participation in any aspect of its work.

For additional information about the Campus Belonging process, please visit the [Campus Belonging website](#).

Please complete all required fields indicated in parenthesis and all other fields to the best of your ability. You may choose not to provide any information, including identifying information. However our ability to follow up or assist may be restricted if limited information is provided. Individuals who provide contact information will receive an automatic notification and be contacted by staff in the Office of the Vice Chancellor for Diversity, Equity, and Inclusion within two business days.

### Reporter Information

#### Anonymous Report (required)

Would you like to file this report anonymously? (Note: if you select yes, you will not have to provide contact information, will not be able to receive a copy of this report, and may limit the University's ability to respond).

☐ No

Please indicate if this is your own experience or you are reporting on behalf of someone else. If you select "Other" you will have additional space to further explain.

- ☐ I am reporting about my own experience
- ☐ I am reporting this on behalf of an impacted individual or community
- ☐ Other

## Details of the Concern


### Date of Incident

What date did this incident occur? Please provide the approximate date, if known.



### Time of Incident

What time did this incident occur? Please provide the approximate time, if known.

 10 : 30 AM

### Incident Description **(required)**

Please describe what happened in as much detail as possible.

### Location of Incident **(required)**

This list includes on-campus and near campus properties. If your location is not found in this list, please select "Off-Campus/Other" and further explain below.



### Additional Location Information

If there are any details about the location other than the building selected above, please share them here. This could include if the incident occurred in

### Additional Reported Offices

Please indicate other places this concern has been reported. If you select other, please specify in the next question.

- ☐ Office for Access and Equity
- ☐ Office for Student Conflict Resolution
- ☐ Title VI Office
- ☐ University Housing Staff
- ☐ University of Illinois PD
- ☐ Other (describe below)

### Additional Reported Offices (Other)

If you selected other above, please specify the other office(s) you have reported this concern to.

### Behavior(s) (required)

Please select any of the following behavior that happened in this incident (select all that apply)

### Behavior(s) (Other)

If you select "other" above, please explain the other behaviors(s) that occurred in this incident.

### Targeted Group(s)

Select all of the group(s) you feel this particular concern was targeted towards (select all that apply).

### Targeted Groups (Other)

## Involved Parties

### Involved Individuals or Groups

Please list the name(s), University ID, group name, contact info or any other known identifying information for those involved in this concern. Please also explain the role of individual (alleged, victim/target, witnesses, etc.)

Example: John Smith, jsmith@illinois.edu, Professor of Math, Witness, 1-234-567-8910.

## Follow-Up

### Requested Report Outcome (required)

Please select what you'd like to have happen as a result of submitting this report.

- ☐ I would like to be contacted by the Campus Belonging staff for support and resources.
- ☐ I would like the Campus Belonging staff to contact the involved parties mentioned in this report.
- ☐ I give permission for Campus Belonging staff to contact me for updates and clarification only.
- ☐ I don't want anything to happen as a result of this report. I am submitting this report for informational purposes only.
- ☐ Other

### Requested Outcome (Other)

If you selected "Other" above, please tell us more about what you'd like to have happen as a result of submitting this report.

## Contact Method

- ☐ Phone
- ☐ Other (describe below)

**Contact Method (Other)**

If you selected "Other" above, please describe your preferred contact method.

**Meeting Type**

If a meeting is required to discuss this incident, which meeting type(s) would you be comfortable with?

- ☐ In-Person
- ☐ Phone
- ☐ Virtual (e.g. Zoom)

**Documents**

Please upload any documents you'd like the Campus Belonging Staff to review as a part of this report.



Click or drop a document here to upload

Submit

Cancel