



## Harassment, Bias, Retaliation, Discrimination Report Form

<b>Report Purpose</b>			
<p>This form is to be used to report incidents, issues, or behaviors relating to harassment, bias, retaliation, and discrimination.</p> <p>This reporting mechanism is not intended to circumvent or replace any collectively bargained grievance procedure, student grievance processes, or other complaint avenues either inside or outside the State system. To the extent possible, information contained in this report may be maintained confidentially.</p> <p>After submitting this form, you will receive an acknowledgement of your submission from one of our staff within three (3) business days.</p>			
<b>Reporting Individual's Information</b>			
<b>(Required) Status of Person Reporting Incident or Issue</b>			
<input type="checkbox"/> Anonymous <input type="checkbox"/> Employee <input type="checkbox"/> Student		<input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
<b>First Name</b>		<b>Last Name</b>	
<b>Ethnicity/Race</b>			
<input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> European American/Caucasian		<input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American	
<input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Multiracial <input type="checkbox"/> Other			
<b>Gender</b>			
<input type="checkbox"/> Masculine <input type="checkbox"/> Feminine		<input type="checkbox"/> Non-binary/Third Gender <input type="checkbox"/> Prefer not to answer	
<b>Student/Employee ID Number</b>			
<b>What Bates Technical College program are you associated with? (Put "NA" if not applicable.)</b>			
<b>Would you like a representative from the college to contact you for follow up?</b>			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please fill out the following information			
<b>Phone Number</b>		<b>Email Address</b>	



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Incident Description			
<b>Date of Incident</b>		<b>Time of Incident</b>	
<b>Location of Incident (Room/Building)</b> Please list the building or room number where the incident occurred. If it occurred outside, please indicate the approximate location. (Example: parking lot, around the main building, or portable.)			
<b>(Required) The incident/issue/behavior is believed to be:</b>			
<input type="checkbox"/> Harassment	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Retaliation	
<b>The incident is believed to have occurred because of:</b> If the reporting person wishes to report the incident/issue as an allegation of discrimination, harassment, or retaliation, please select from the following:			
<input type="checkbox"/> Age	<input type="checkbox"/> Gender/Gender Identity or Expression	<input type="checkbox"/> Religion	
<input type="checkbox"/> Color	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Sex	
<input type="checkbox"/> Creed	<input type="checkbox"/> National Origin/Ancestry	<input type="checkbox"/> Sexual Orientation	
<input type="checkbox"/> Disability	<input type="checkbox"/> Race	<input type="checkbox"/> Veteran Status	
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Other		
<b>Incident Categories</b> Select all that apply to the incident of which you are reporting			
<input type="checkbox"/> Email or Internet	<input type="checkbox"/> Public Indecency/Exposure	<input type="checkbox"/> Threat or Physical Assault	
<input type="checkbox"/> Fear of Safety	<input type="checkbox"/> Pursuit/Chase	<input type="checkbox"/> Verbal Assault	
<input type="checkbox"/> Offensive Language	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Written Slur	
<input type="checkbox"/> Phone Harassment	<input type="checkbox"/> Stalking	<input type="checkbox"/> Other	
<b>(Required) Description of Incident/Issue</b> Include who did what, to whom, when, where and reference to any policy or procedure violations; if know.			
<b>What efforts, if any, have already occurred to resolve the complaint?</b>			



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<b>Was this incident reported to any college employees?</b>	<b>Was campus security notified?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Number of Alleged Perpetrator(s)</b> Please indicate the number of individuals perpetrating the harassment/discrimination/retaliation. If unknown, indicate "I don't know" in field below.	
<b>Gender of Perpetrator(s)</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	<input type="checkbox"/> Inter-sexed <input type="checkbox"/> Unknown
<b>What is the relationship of the alleged perpetrator(s) to the victim(s) of this incident?</b>	
<input type="checkbox"/> Acquaintance(s) <input type="checkbox"/> Classmate(s) <input type="checkbox"/> Co-worker(s) <input type="checkbox"/> Instructor(s)	<input type="checkbox"/> Relative(s) <input type="checkbox"/> Stranger(s) <input type="checkbox"/> Supervisor(s) <input type="checkbox"/> Other
<b>If an international student (on a visa) was involved, please indicate which country they are from.</b>	
<b>Possible Witnesses</b>	
Include Name/Phone Number/Email/Address and role (observer, student, teacher, other.)	
<b>In your opinion, how might Bates Technical College address this matter?</b>	
<b>Signature</b>	<b>Date</b>

If you have any supporting documents or photos, please attach them with your submission.

**Submit a copy of this form to Human Resources, the Dean of Student Services and the Vice President of Student Services.**