

**OREGON INSTITUTE OF TECHNOLOGY
BIAS INCIDENT REPORTING FORM**

The University urges all members of our community to promptly report any bias incident directed against a student, faculty or staff member on OIT grounds, in the local area, or during a University-sponsored activity. The information you report on this form will be provided to the University's Affirmative Action Officer; and will be shared, *only as appropriate*, with the President, one or more of the Vice Presidents, the Dean of Students, the Director of Campus Safety and Security, and/or other University officials involved in any subsequent monitoring, investigation and/or adjudication of the incident.

If you are the victim of a hate or bias-related incident - racial or otherwise - or you witnessed a hate or bias-related incident, please do the following to document the incident the best you can:

If you experienced a written slur or discovered graffiti, do not erase the text. The Campus Safety Officer will need to see it.

If you have a camera or cell phone camera, take a picture of the evidence, any physical injuries sustained, license plate, or anything else relevant.

If the incident was verbal, please write down exactly what was said to the best of your recollection.

Retain the contact information of any possible witnesses.

Complete the lower portion of this form and submit it as indicated.

Speed and accuracy are critical, so please act immediately!

This form should be completed and returned to the Affirmative Action Officer, Snell Hall, Room 108; e-mailed to ron.mccutcheon@oit.edu; mailed, marked "*Confidential*" to: Affirmative Action Officer, Oregon Institute of Technology, 3201 Campus Drive, Klamath Falls, OR 97601; or faxed to the Affirmative Action Officer at 541-851-5200.

Date of incident: _____ **Time of incident:** _____ AM PM

Location of Incident (Please be as specific as possible): _____

Description of Incident (Please summarize the facts in as much detail as possible. Describe all comments, conduct, gestures, markings, physical injuries, property damage, etc. Identify suspect(s) by name if known, or by physical appearance (age, height, weight, race, clothing, distinguishing characteristics, etc.). List any possible witness(es) by name with contact information, if known.):

Please attach additional pages if necessary

Your Contact Information:

(This is optional but it will more likely help us resolve the problem if we can contact you)

Name: _____

Address: _____

Phone(s): _____

E-mail: _____

THANK YOU FOR HELPING US MAKE OIT AN EVEN BETTER COMMUNITY!