Reporting Incidents of Bias and/or Hate

This form is for reporting hate and bias incidents on the campus of Montclair State University. The primary goal is to provide support to the individual or community impacted. All reports will be evaluated to determine if they should be further investigated for potential violations of University policy and/or criminal law.

Information obtained through these reports is meant to assist Montclair State in responding to and tracking incidents of hate and bias. Reports may be submitted anonymously; however, anonymous reports may limit the University's ability to respond to the incident.

This form is NOT a police report. If you are in immediate danger, please call (973) 655-5222.

* Required

1. Your Name
   This section is voluntary, however, anonymous reports may limit the University's ability to respond to the incident.

2. Phone Number
   This section is voluntary, however, anonymous reports may limit the University's ability to respond to the incident.

3. Your Email Address
   This section is voluntary, however, anonymous reports may limit the University's ability to respond to the incident.

Untitled Section

4. Date of Incident *
   Example: December 15, 2012

5. Time of Incident *
   Approximate
   Example: 8:30 AM
6. Location of Incident *
   Please be as specific as possible

7. Name of Involved Party/Parties (if known) *
   Include names of any victim(s), perpetrator(s), and/or any witnesses.

8. Incident Report *
   Please describe the incident with as much factual detail as possible. Please include information about the nature of the incident (e.g., physical assault, verbal assault, threats, written slurs, threatening communications, etc.). and please be as specific as possible. If you have any documentation (e.g., photos, emails, video, other documents, etc.) you can attach them under supporting documentation.

9. Have the police been contacted? *
   If yes, please indicate the case number in the incident report section above.
   *Mark only one oval.
   
   ☐ Yes
   ☐ No

10. Would you like someone from the Bias Education Response Team (BERT) or the Office of the Dean of Students to contact you?
   If so, please provide our contact information below:
11. **This bias incident targets the following identities and/or communities** *

*Check all that apply.*

- [ ] Age
- [ ] Disability
- [ ] Ethnicity
- [ ] Gender
- [ ] Gender Identity/Expression
- [ ] Marital Status
- [ ] National Origin
- [ ] Parental Status
- [ ] Religion
- [ ] Sexual Orientation
- [ ] Socioeconomic Status
- [ ] Veteran Status
- [ ] Unknown
- [ ] Other: __________________________

12. **Please add additional comments, information, or observations you wish to share.**

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13. **File Upload**

Please provide any supporting documentation such as photos, videos, email, or other pertinent information.

Files submitted: __________________________

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