

Bias Report Form

Please use this form to report an incident of bias involving a student at Washington University in St. Louis. Bias report forms will be received during business hours of 8:30 a.m.-5 p.m. Monday-Friday. Reports received after business hours will be reviewed during the next business day.

If you are concerned about the immediate health and safety of yourself or someone else, do not complete this form. Please call 911 or WUPD at (314) 935-5555.

Confidentiality

The university will strive to protect, to the greatest extent possible, the confidentiality of persons reporting to the BRSS and of those involved in the reported incident. Because the university may have an obligation to address certain reported incidents, however, the university cannot guarantee complete confidentiality where it would conflict with the university's obligation to investigate meaningfully or, where warranted, take corrective action. Even when some disclosure of the university's information or sources is necessary, it will be limited to the extent possible. Examples of circumstances in which the university may not be able to maintain confidentiality include:

- If we believe you or someone else is at risk for physical harm
- If more than one report is submitted on a single incident
- If reported incidents suggest a trend (e.g., bias incidents continually occur in a certain residence hall, etc.)

Regardless of the situation, personal information will only be shared with individuals with a legitimate need to know, in compliance with university policy.

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Required questions are bold.

Reporter

I am (select one, required)...

- the target of a bias-related incident.
- a friend of the target of a bias-related incident.
- an observer of a bias-related incident.
- other

Please indicate how you would prefer the BRSS to handle your report (required):

- For Support and Referral: The BRSS will provide support and referrals in a one-on-one meeting.
You cannot remain anonymous with this option.
- For Information Only: The BRSS will include a description of the incident in their summary reports.
By choosing this option, please note that the BRSS team will not follow up with you but may, depending on the circumstances, forward the information disclosed to appropriate university administrators.

Full Name _____

My WUSTL Affiliation (select all that apply):

- undergraduate student (specify school) _____
- graduate student (specify school) _____
- staff (specify office) _____
- faculty (specify department) _____
- affiliation not listed; please specify _____

If you are not the target, please provide the following information

Target's Full Name _____

WUSTL Affiliation of Target (select all that apply)

- undergraduate student (specify school)
- graduate student (specify school)
- staff (specify office)
- faculty (specify department)
- affiliation not listed; please specify

Incident(s)

Date of incident _____ Time of incident _____ am/pm
(hh/mm)

Location of incident _____

Frequency _____

Type of Incident (check all that apply, required)

- | | |
|---|---|
| <input type="radio"/> accessibility | <input type="radio"/> public indecency |
| <input type="radio"/> bullying | <input type="radio"/> pursuit / chase |
| <input type="radio"/> email/social media/other Internet contact | <input type="radio"/> sexual assault |
| <input type="radio"/> fear for safety | <input type="radio"/> stalking |
| <input type="radio"/> harassment – other | <input type="radio"/> text message harassment |
| <input type="radio"/> hazing | <input type="radio"/> theft of personal or other property |
| <input type="radio"/> intimidation | <input type="radio"/> threat of physical assault |
| <input type="radio"/> retaliation | <input type="radio"/> threatening statements (e.g., threat of outing) |
| <input type="radio"/> perceived unequal treatment | <input type="radio"/> unwanted sexual conduct/sexual harassment |
| <input type="radio"/> phone harassment | <input type="radio"/> verbal assault |
| <input type="radio"/> physical contact / assault | <input type="radio"/> written hate speech or graffiti (not Internet) |
| <input type="radio"/> property damage / vandalism | <input type="radio"/> other: _____ |

Involved Parties

Names of involved parties (including target)

Target's Relationship to Involved Parties(s)

- acquaintance _____
- classmate _____
- coworker _____
- friend _____
- instructor / professor _____
- roommate _____
- stranger _____
- supervisor _____
- teaching assistant _____
- if relationship is not listed, please specify _____

Perceived Motivation of Incident

- age _____
- disability _____
- ethnicity _____
- gender identity, or expression _____
- nationality _____
- pregnancy status _____
- race _____
- religion _____
- sex _____
- sexual orientation _____
- socioeconomic status _____
- veteran status _____

Describe incident (required). Please provide as much detail as you can. Include anything you feel is relevant or helpful.

Optional: Please attach any supporting documents (photos, emails, recorded communication, video, etc.) that you feel will provide additional relevant information.

Have you communicated this incident to any of the following? Select all that apply:

- police (on-campus) judicial administrator
 police (off-campus) adviser
 other _____ none of the above

Information about BRSS Follow-Up

If you would like someone from the BRSS to contact you, please provide your preferred method of contact:

- email address _____
 phone number _____

If there is a specific member of the BRSS with whom you would like to connect, please select his or her name (select all that apply):

- Kierstan Marie Carter
 Shruti Desai
 Dirk Killen
 Laura Sandoval
 Michael Toney
 Jessica Wilen

Please feel free to contact us to receive information about the progress of your report.

(314) 935-8188

brss@wustl.edu