

Reporting Form for Incidents of Hate and Bias

This report allows Providence Day School to monitor and effectively respond to activity that negatively impacts the campus climate and our sense of community. If you believe that you have been the subject of or a witness to a bias incident, please complete and submit this report to the Office of Equity & Inclusion. The school will protect your anonymity and confidentiality to the extent possible. At times, information will need to be shared among school personnel in various departments and offices in order to conduct a thorough investigation.

*** Required**

1. Name of Person Making This Report *

Please note, incidents of hate and bias can be reported anonymously, but doing so can impede the school's ability to carry out a thorough investigation. Please put your name or "anonymous."

2. School Status of Person Making Report *

Mark only one oval.

- LS Student
- MS Student
- US Student
- Faculty / Staff
- Parent

3. Would you like to be contacted about the incident you are reporting? *

Mark only one oval.

- Yes
- No

4. Which were you? *

Mark only one oval.

Victim

Witness

Other: _____

5. Date of Incident

Example: January 7, 2019

6. If you cannot recall the exact date, please provide any details that will help us identify the timeline.

7. Is this an on-going issue? If so, for how long and when did it begin?

8. Location of Incident (provide specific details) *

9. Nature of Incident *

Mark only one oval.

- Use of Slur
- Insensitive Comments or Jokes
- Implied or Overt Threat of Harm
- Curriculum that Perpetuates Stereotype and Bias
- Other: _____

10. Describe the hate /bias incident. Be as specific as possible. *

11. Name of Person(s) Who Carried Out the Harm (please include first and last name) *

12. Name of Person(s) Who Was Harmed (please include first and last name) *

13. If there were witnesses present, list first and last name. Indicate "none" if no witnesses were present. *
