



BIAS INCIDENT REPORT

Reporting Date:

Incident Date:

Incident Time:

Incident Location:

Type of Incident (check all that apply)

- Verbal Harassment
- Physical Harassment
- Online Harassment
- Phone or Text Harassment
- Damage to Property
- Written Slur / Graffiti
- Hate Symbol
- Stalking
- Other (specify)

Please describe the incident(s) in full detail, including, but not limited to, what happened, who was involved, where, when or a description of the incident, the persons involved and present at the incident, the location of the incident and the date/time of the incident.

What steps have you currently taken to address the situation?

Perceived Basis of Incident (check all that apply)

- Age
- Ancestry
- Citizenship
- Color
- Disability
- Gender Expression
- Gender Identity
- Marital Status
- Medical Condition
- Membership Affiliation
- National Origin
- Pregnancy
- Race
- Religion
- Sex
- Sexual Orientation
- Veteran Status
- Other (specify)

*Please attach any supporting documentation that will be helpful in investigating your complaint. (If you have multiple documents, please combine them in a .zip archive.)

What are your expectations of a resolution?

**ALLEGED OFFENDER INFORMATION**

First Name

Last Name

CCC Affiliation

- Student
- Staff
- Faculty

Email:

Phone:

VICTIM

First Name:

Last Name:

CCC Affiliation:

- Student
- Staff
- Faculty

Email:

Phone:

REPORTER

First Name

Last Name

CCC Affiliation

- Student
- Staff
- Faculty

Email:

Phone:

ADDITIONAL WITNESS(ES)

First Name:

Last Name:

CCC Affiliation:

- Student
- Staff
- Faculty

Email:

Phone:

Important Note:

While Cedar Crest College aims to resolve every concern or complaint, we recognize that you may not always agree with the final outcome or resolution. The purpose of this policy is to ensure that all concerns are heard and addressed and that College policies and procedures are followed in a way that respects the privacy of all parties involved.

By submitting this form you hereby certify that the above information is true and correct to the best of your knowledge and belief. You acknowledge that you have read and understood The Cedar Crest Colleges' policy regarding bias complaints and have complied with all requirements. You expressly grant permission for this Report to be forwarded to the Response Team and other College officials for purposes of review, possible investigation and response.

You will receive a confirmation email to your Cedar Crest College account indicating that your submission has been received. A Bias Incident Response Team representative will contact you to discuss this matter further within five College business

Email form to A Bias Response Team member or submit to them in person.

STUDENTS

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FACULTY/STAFF

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