



Bias Incident Reporting Form

Thank you for taking the time to complete this Bias Incident Reporting Form.

At the University of Miami a bias incident is defined as an action, behavior, or expression against an individual's or group's actual or perceived identity. A bias incident may take the form of a verbal interaction, cyber-interaction, physical interaction, or interaction with property. Bias incidents occur whether the act is intentional or unintentional and may be based on, but not limited to: age, race, color, ethnicity, sex, sexual identity, sexual orientation, religion, disability, gender identity and expression, national origin, genetic information, citizenship status, political affiliation or veteran status. Bias often contributes to or creates an unsafe/unwelcoming environment.

The University is committed to addressing incidents of bias impacting UM community members on and off campus. We appreciate your help bringing these incidents to the University's attention. This form can be completed by either victims of bias-related incidents or witnesses to them. Please include as much information as possible. All reports will be kept confidential to the extent possible.

You also have the option to report anonymously. You are not required to enter your name or any contact information on the reporting form if you do not wish to. However, if you wish to be contacted, please include your name and email address at the top of this form.

When an alleged bias incident also involved a faculty member, staff member or other employee you can also file a complaint of discrimination with the University of Miami's Office of Workplace Equity. You can call the office at 305-284-3798 or visit

*Students who are in need of translation services to complete this form are encouraged to contact International Student and Scholar Services at 305-284-2928 for assistance.

Background Information

[Enable additional features by logging in. \(https://cm.maxient.com/reportingform.php?UnivofMiami&layout_id=1&promptforauth=true\)](https://cm.maxient.com/reportingform.php?UnivofMiami&layout_id=1&promptforauth=true)

Your Full Name:

Your position/title:

Your phone number:

Your email address:

Date of incident (Required)

mm/dd/yyyy

Time of incident:

Location of incident (Required):

Please select a location ...

Specific location:

Involved Parties

Name or Organization

Select Gender

Select Role

ID Number

DOB (YYYY-MM-DD)

Phone number

Email address

Hall/Address

Add another party

Questions

Nature of Incident (Required)

- Age
- Race
- Color
- Ethnicity
- Sex
- Sexual Identity
- Sexual Orientation
- Religion
- Disability
- Gender Identity
- Gender Expression
- National Origin
- Genetic Information
- Citizenship or Immigration Status
- Political Affiliation
- Socioeconomic Status
- Veteran Status
- Other

Please describe the Incident (Required)

Who, if anyone else, has been notified about the incident? (Required)

Supporting Documentation

Photos, video, email, and other supporting documents may be attached below. 1GB maximum total size.

Attachments require time to upload, so please be patient after submitting this form.

Choose files to upload	Choose Files
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Submit report