

Bias Incident Report

This form is intended to be used when a member of Chico Campus Community wishes to notify CARE Team regarding behavior that has had an adverse impact on them. Students wishing to file a formal Discrimination, Harassment, Retaliation, or Sexual Misconduct or Grievance should contact Student Judicial Affairs at 530-898-6897 or visit SJD.csuchico.edu.

Today's Date: ____/____/____

Your Name: _____ Student or Empl ID #: _____

Email Address: _____ Phone Number: _____

Description of Incident/Action:

Location: _____

Approximate Time: _____

Name and/or Description of Perpetrator (if known):

If you have videos/evidence, please attach to email.

What are you seeking?

- Report Only
- To be contacted by CARE Team member

Please note: Information regarding this incident may be shared with and/or released to authorized campus individuals with an educational need to know, as deemed appropriate by the Dean of Students.

Return form to: care@csuchico.edu or to SSC, room 170, c/o CARE