



# Student Advocacy and Accountability

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SOUTHEASTERN LOUISIANA UNIVERSITY

## Bias Incident Reporting Form

Southeastern Louisiana University recognizes that freedom of speech and assembly are basic and essential to both intellectual and social development. These freedoms, guaranteed by the First Amendment to the United States Constitution, shall be enjoyed by the university community. It is not the role of Southeastern Louisiana University to shield individuals from speech protected by the First Amendment of the Constitution of the United States or Article I, Section 7 of the Louisiana Constitution; or, prohibit ideas or opinions that some may find unwelcome, disagreeable, or offensive. To that end, Southeastern faculty, staff, and students have the freedom to assemble and engage in spontaneous expressive activity as long as it is lawful, does not disrupt the functioning of the institution, and participants do not violate other university policies.

Bias is the personal, unreasoned judgment or attitude that inclines an individual to treat someone negatively because of their real or perceived race, color, national origin, religion, sex, age, sexual orientation, disability, marital status, personal appearance, gender identity and expression, family responsibilities, political affiliation, source of income, veteran status, or genetic information.

Bias-related acts are behaviors that express hostility against a person, property or group because of their race, color, national origin, religion, sex, age, sexual orientation, disability, marital status, personal appearance, gender identity and expression, family responsibilities, political affiliation, source of income, veteran status, or genetic information.

It is important to remember that not all acts of bias violate the student code of conduct or break the law.

## **Background Information**

Your full name:

Your position/title:

Your phone number:

Your email address:

Your physical address:

Nature of this report (Required):

Please Choose...

Urgency of this report (Required):

Please Choose...

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**

## Incident Description

Please provide a very detailed description of the incident. (Required)

List any University staff that responded to the call. (Required)

List the name of any police that responded to the incident. (Required)

## Supporting Documentation

Please attach and supporting documentation for the incident reported including any audio, video, pictures and written statements. 5GB maximum total size.

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

Choose files to upload	<b>Choose Files</b>
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Email me a copy of this report

**Submit report**