





LOUISIANA STATE UNIVERSITY

Bias or Discrimination Incident Report

If you witness or experience conduct that discriminates, stereotypes, marginalizes, excludes, harasses or harms anyone in our community based on their identity (such as race, color, ethnicity, national origin, sex, gender identity or expression, sexual orientation, disability, age or religion) please report it to the University. The elimination of discrimination on our campus begins with reporting. We urge you to take a proactive stance against discrimination and bring any instance of discriminatory behavior to our attention by completing this form.

If you have experienced a hate crime, report it directly to the LSU Police Department at 225-578-3231 or dial 911 for an immediate emergency. If you report a crime to LSU Police, we would appreciate a report on this website as well.

****Note**** Complaints may be anonymous but will limit our ability to investigate and take appropriate action. If you choose to remain anonymous, it will be helpful for us to have some way to contact you if additional information is needed.

*Provide Website Feedback: lsu.edu/feedback  (<http://lsu.edu/feedback>). Accessibility Statement: lsu.edu/accessibility 
(<http://lsu.edu/accessibility>)*

Reporter's Information

Enable additional features by logging in. [↗ \(https://cm.maxient.com/reportingform.php?LouisianaStateUniv&layout_id=6&promptforauth=true\)](https://cm.maxient.com/reportingform.php?LouisianaStateUniv&layout_id=6&promptforauth=true)

Your full name:

Your phone number:

Your email address:

Nature of this report (Required):

Please Choose...

i Learn more

Urgency of this report (Required):

Please Choose...

i Learn more

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 Role

ID Number

DOB (YYYY-MM-DD)

Phone number

Email address

Hall/Address

Add another party

Reason for Report and Description of Incident

Below are categories that may correspond to this incident, please indicate the relevant section that pertains to the incident.

Bias/Discrimination Report

- Complaint about a student
- Complaint about a faculty member
- Complaint about a staff member
- Complaint about a student organization
- Complaint about a University Department
- Other

Identity Concerns Please select which identities you believe bias or discrimination occurred: (Required)

- Age
- Color
- Disability
- Gender Identity or Expression
- Genetic Information
- Marital Status
- National or Ethnic Origin
- Pregnancy Status
- Race
- Religion
- Retaliation
- Sex
- Sexual Orientation
- Veteran Status
- Other

Description / Narrative Please describe in as much detail as possible the specific words, phrases and interactions associated with the situation. If the individual was loud or disruptive, indicate behaviors associated with the disruption, and describe any injury or damage to person(s) or property. Include name(s) of campus personnel you contacted and actions taken, if any. (Required)

Supporting Documentation

Please upload any screens shots text messages or other documents to support your concern. 5GB maximum total size.

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

Choose files to upload

Choose Files

Email me a copy of this report

Submit