

ANDERSON UNIVERSITY
Incident/Concern Report

GENERAL INFORMATION

Your Name _____ Gender Male Female

Are you a Student Faculty Staff Other _____

How may we reach you? Email: _____

Campus Phone _____ Home Phone _____ Cell Phone _____

Are you reporting this incident/concern on behalf of another person? Yes No

If yes, please indicate why you are making the report and if the other person has knowledge of this report.

NATURE OF THE CONCERN

Please check below all the words that might describe the basis of the incident/concern.

- | | | |
|--|---|---|
| <input type="checkbox"/> Race or Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Age (40 or over) | <input type="checkbox"/> Other (Explain) |
| <input type="checkbox"/> Parental Status | <input type="checkbox"/> Marital Status | _____ |

INCIDENT/CONCERN INFORMATION

When did the incident/concern occur? _____

Where did the incident/concern occur? _____

Please describe the nature of the incident/concern. Use the back or additional pages if necessary.

Names of witnesses or others with information. _____

In your opinion, is the incident/concern a violation of a University student, faculty or staff policy?

Yes No If yes, which policy? _____

What ideas do you have for resolving this incident/concern? _____

Is there any other information you feel is relevant to this incident/concern? _____

Signature of person preparing report: _____

Date: _____