

Reporting Incidents of Bias

ALL information submitted will be maintained as confidential to the extent permitted by law

General Incident Information:

Date of incident (mm/dd/yy) Approximate hour of incident AM or PM

Did the incident occur on campus?

Location of incident:

Indicate the nature of the bias

Describe the incident:

Incident Information:

Injured Party
Name(s)

Offender(s)
Name(s)

Perpetrator(s)

Personal Info:

Your name

Home / Cell number

Work phone

Address

Email

May we contact you?

Use of this form is protected by the University of California, Los Angeles. Only authorized personnel will have access to your submission.

Please email and/or print and submit this form to:

Associate Vice Chancellor Robert Naples
UCLA Student and Campus Life
1104 Murphy Hall
Los Angeles, CA 90095-1626