



BIAS INCIDENT REPORT FORM

If you experience or witness an act that threatens or harms you or other persons at the College and you feel that the act is based on race, religion, color, sex, sexual orientation, gender identity and expression, national origin, ancestry, disability, age, marital status, or veteran's status, please complete this form and forward it by mail to Michele G. Bradford, J.D., Director of Legal Affairs, P. O. Box 227, Gadsden, Alabama 35902, by email, mbradford@gadsdenstate.edu, or by telephone, (256) 439-6822.

Today's date: _____

Are you the victim? Yes No
Are you a witness of the incident? Yes No

1. Your Name: _____
Address: _____

Phone: _____ Email: _____

2. Have you contacted any other employee of the College? If so, please provide the following information:

Employee's name: _____
Day/date/time of contact: _____

3. Day/date/time incident occurred: _____

4. Brief description of the incident: _____

