

Date _____ Person Reporting: _____

RACIAL OR GAY/LESBIAN/BI-SEXUAL
DISCRIMINATION REPORT FORM

This informal reporting form is being used to assist the University to track the patterns and frequency of racial and homophobic discriminatory behavior on or campus. It in no way relieves the recording professional from following through on these complaints.

Student referred by:

Date/Time of Incident:

COMPLAINANT INFORMATION

Male Female Age Current FSU Student

NOTE: Reports should NOT contain names or identifying characteristics of the victim.
Please be as thorough as possible. You may supplement this information on the back of this Report.

DESCRIPTION OF INCIDENT

Where did incident occur?

Provide a brief description of incident:

What did complainant do or say to alleged offender immediately after incident:

III. ALLEGED OFFENDER INFORMATION

How many? Male(s) Female(s) Appx. Age(s)

Who was the alleged offender? FSU Student(s) Non-Student FSU Faculty FSU Staff
FSU Administrator FSU Employee Other(Specify)

POINTS OF CONTACT

Please indicate areas in which the complainant has already received assistance and any referrals you provided by checking the appropriate office (check all that apply):

Received		Referred
	Multicultural Affairs	
	FSU Counseling Center	
	FSU Police Department	
	Thagard Health Center	
	Other Local Medical Facility	
	Student Rights & Responsibilities	
	Victim Advocate	
	Residence Life	
	Academic Dean	
	Department Head	
	Other (Specify)	
	Other (Specify)	

TYPE OF REPORT: (Check all that apply)

Racial Threat	Homophobic Threats
Violence	Violence
Insensitivity	Insensitivity
Other	Other

Forward Report to:

Ms. G.M. "Joy" Bowen
Executive Assistant for Multicultural Affairs
Florida State University
309 Wescott Building
Tallahassee, FL 32306-1340
Mail Code 1340
Fax Number: 850 644-6297
Email: jbowen@admin.fsu.edu

If complainant was not referred to any of these areas, please specify reason(s):

Complainant declined Incident was not recent Complainant was not a student Other