




Bias Incident Reporting Form


The Illinois Mathematics and Science Academy is committed to fostering a safe and welcoming campus community. Incidents of bias and hate affecting a person or group create a hostile climate and negatively impact the quality of the IMSA experience for community members. IMSA takes such incidents seriously and will investigate and respond to reported or observed incidents of bias while under the jurisdiction of the Academy. At IMSA, a hate or “bias-related” incident is an act that demonstrates prejudice against the victim’s actual or perceived race, color, gender/gender identity/gender expression, sex, sexual orientation, ethnic origin, religion, ability, political affiliation, veteran’s status and/or other aspects of a person’s identity.

If you have experienced a bias-related behavior or action, please complete this form, providing detailed information regarding the incident. In completing this form, you will be asked to provide your name and contact information so that we may follow up with you, if needed. If you prefer, you may choose to submit the form anonymously. Once the report is received, the designated staff member will investigate the incident and address the issue reported. Questions regarding the filing of this form can be directed to the Director of Diversity, Equity and Inclusion at (630) 907-5079 or acoleman@imsa.edu  (<mailto:acoleman@imsa.edu>).

Background Information

Your full name:

Your affiliation with IMSA:

 Learn more

Your phone number:

Your email address:

Your physical address:

Date of incident (Required):

Time of incident:

Location of incident (Required):

Specific location:

Involved Parties

Please fill in as much known information as you can provide about all of the individuals involved, (including yourself).

For the "Involved Parties" section of the report, the following definitions are applicable on this form:

- *Alleged*- a person who is suspected of a violation of IMSA's Student Parent Handbook
- *Victim*- an individual who has been harmed or injured as a result of an action or event
- *Witness*- an individual who directly saw an event or has knowledge of an event from personal observation or experience

Name

Select Gender

Select Role

ID Number (if known)

Hall/Address (if known)

Add another party

Questions

Type of Bias Incident Report: Please indicate the type of bias below. You may mark more than one box.

(Required)

- Race
- Color
- Gender
- Sex
- Sexual Harassment
- Sexual Orientation
- Ethnic Origin
- Socioeconomic Status
- Religion
- Ability
- Weight
- Familial Status
- Immigration Status
- Political Affiliation
- Other Aspect of Identity
- Disruption to the Community (Offensive Comment or Slur, Name Calling, Offensive Visual Representation)
- Microaggression
- Unknown

If submitting an "other aspect of identity" report, please indicate briefly what this is concerning.

Please provide a detailed description of the incident/concern using specific concise, objective language (who, what, where, when, why, and how). (Required)

Supporting Documentation

Photos, video, email, and other supporting documents may be attached below. 5GB maximum total size.

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

Choose files to upload

Choose Files

Submit