



COMMUNITY COLLEGE  
OF RHODE ISLAND

Office of Institutional Equity

# INCIDENT REPORT FORM

Reporting Party: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you a:  student  employee  job applicant  other Email: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_

Name of person(s) against whom the complaint is made: \_\_\_\_\_

Name of person(s) against whom the complaint is made is a:  student  employee  other

If you are a student and the complaint is against your professor and occurred while you were taking a class, please provide the semester, class title and section number. \_\_\_\_\_

Where did the incident take place? \_\_\_\_\_

**Basis of complaint:**

- Age
- Disability
- Gender/Sex
- Gender Identity or Expression
- National Origin
- Pregnancy
- Race
- Religion
- Sexual Orientation
- Veteran Status
- Other \_\_\_\_\_

**Nature of allegations:**

- Access/accommodation
- Discrimination/Harassment
- Hiring
- Retaliation
- Other \_\_\_\_\_

Name of witnesses, if any:  
\_\_\_\_\_  
\_\_\_\_\_

Date of alleged incident:  
Have you brought this concern to anyone else's attention?  
 Yes, to whom \_\_\_\_\_  No

What action would you like taken?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

