

6. Were you: the victim a witness

7. Would you like to be contacted about the hate/bias incident you are reporting?

Yes, I would like to be contacted about the hate/bias incident I am reporting.

No, I would not like to be contacted about the hate/bias incident I am reporting.

Contact information for person reporting alleged hate/bias incident.

Name

Local Address

E-mail address

Phone

8. Has this incident been reported to any other departments or offices at the University of New Mexico?

Yes, I reported this hate/bias incident to _____.

No, I have not reported this hate/bias incident to any other departments or offices at the University of New Mexico

9. University status of person making report:

Student Faculty Staff Consultant/Contractor Visitor

I affirm that the above information is true and accurate to the best of my knowledge.

Signature of reporter

Date

**Office for Equity & Inclusion
Scholes Hall, Room 240
1 University of New Mexico
Albuquerque, NM 87131-0001
Phone: 505-277-1238
Fax: 505-277-8275
www.unm.edu/~diverse**