BIAS OR DISCRIMINATION INCIDENT REPORT

If you witness or experience conduct that discriminates, stereotypes, marginalizes, excludes, harasses or harms anyone in our community based on their identity (such as race, color, ethnicity, national origin, sex, gender identity or expression, sexual orientation, disability, age or religion) please report it to the Dean of Students, Matt Picou, at mpicou3@lsu.edu. The elimination of discrimination on our campus begins with reporting. We urge you to take a proactive stance against discrimination and bring any instance of discriminatory behavior to our attention by completing and submitting this form.

If you have experienced a hate crime, report it directly to the LSU Police Department at 225-578-3231 or dial 911 for an immediate emergency. If you report a crime to LSU Police, we would appreciate a report as well.

Person Reporting the Incident: _______________________________ Date of the Incident: ________________

Person Reporting the Incident: __ Student __ Parent/Guardian __ Teacher __ Other ________________________________

Description of the Incident:
(Include the full names of those involved and as much detail as possible: what, where, when, how, etc.)

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

List the full name(s) of any witnesses to the incident:

__________________________________________________________________________________________________
__________________________________________________________________________________________________

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature of Person Filing the Report: _______________________________ Date: ________________

Received By: _______________________________ Position: _______________________________ Date: ________________