Discrimination, Harassment, Retaliation or Bias Incident Reporting Form

Lehigh University is committed to fostering the principles of our Equitable Community and is committed to providing a safe environment for all members of the community. Students, faculty, and staff all play a vital role in creating living and learning spaces that are free from bias, discrimination, and harassment. Discrimination, harassment, retaliation, and bias all speak to actions committed against or directed toward a person or property that are motivated, in whole or in part, based on someone's race, color, religion, sex, national origin, age, disability, or other protected class. If you have been the target of one of these incidents (or have witnessed them) you are encourage to complete the form below.

Our office will review reports and follow-up will be implemented by the Equal Opportunity Compliance Office or other appropriate Lehigh staff. This may include contating you to gather additional information, offering support, and discussing options. Please note that anonymously submitted forms may limit our ability to respond to potential violations of Lehigh's policies.

Please complete the information below to the best of your ability. Required fields are denoted with an asterisk (*).

If this is an emergency and you need immediate assistance, please call the Lehigh University Police Department at 610-758-4200.

Reporter's information

You may file this report anonymously or you can include your information below. While anonymous reports are acceptable, it may limit our ability to obtain the information we need to respond to an incident and/or to provide campus community support to you or others who experienced the incident. Anyone reporting an incident through this form is encouraged to provide a phone number and/or an e-mail address so that we may contact you.

Enable additional features by logging in. (https://cm.maxient.com/reportingform.php?LehighUniv&layout_id=30&promptforauth=true)

Your full name:

Your position/title:

Learn more

Your phone number:

Your email address:

Date of incident (Required):

mm/dd/yyyy

Time of incident:

Location of incident (Required):

Please select a location ...

Specific location:

Involved Parties

Please list all of the involved parties. If you are not reporting this anonymously, please include yourself as an involved party.

Please list the individuals involved (including yourself) and provide as much information in the listed fields as you can. Witnesses to the incident should also be identified here, if known. If the name/identity of a person is unknown to you, please enter "Unknown Person" as the name in this section and then describe the individual(s) in as much detail as possible below in your narrative (age, gender, organization/department affiliations, shared classes, etc.).

When considering the roles of individuals involved, please use the following definitions as a guide:

- Complainant: Individual who has been impacted by the behaviors of the Alleged; the individual to whom the misconduct was directed.
- Respondent: Individual alleged to have engaged in conduct that violates policy, or has impacted another party.
- Witness: Someone who can provide information about the incident or may have been indirectly impacted by misconduct. A witness is not alleged to have engaged in a potential policy violation or behavior that has impacted another person.

Name or Organization

Select Role

ID Number

DOB (YYYY-MM-DD)

Phone number

Email address

Hall/Address

Add another party

Questions

Please provide the below information to the best of your ability.

NATURE OF ALLEGED BIAS: Please check all the categories below that describe this incident. We also strongly encourage you to fully describe, in the narrative section below, all the details of the incident, including the reasons you believe the incident was motivated by a protected characteristic.

- [ ] Age
- [ ] Color
- [ ] Disability
- [ ] National Origin (including Shared Ancestry and Ethnic Characteristics)
- [ ] Familial Status
- [ ] Gender
- [ ] Gender Identity/Expression (Combined)
- [ ] Genetic Information
- [ ] Marital Status

- [ ] Immigration Status
- [ ] Pregnancy/Related Conditions
- [ ] Race
- [ ] Religion
- [ ] Sex
- [ ] Sexual Orientation
- [ ] Veteran Status
- [ ] Retaliation
- [ ] Other/Unknown Bias (Describe Below)

NATURE OF INCIDENT: Please check all types of conduct involved in this incident. Please also be sure to fully describe the incident in the section below.

- [ ] Defacement / Damage to Property
- [ ] Display/Symbol
- [ ] Online Behavior
- [ ] Phone / Text Behavior
- [ ] Physical Behavior
- [ ] Verbal Behavior
- [ ] Written Behavior

DESCRIBE INCIDENT: Please describe what you experienced or observed in as much detail as possible (think: who, what, when, where) (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