Concern Form

We appreciate your concerns and are committed to improving and expanding our diversity and inclusion efforts at Villanova. In order to better address your concerns, we ask that you please fill out the following information so we have a better idea of how to assist you. A member of the Bias Response Team will respond to you shortly (usually in 48 hours or less) regarding the information you submitted in your report. Do not use this form to report events that present an immediate threat. If you require emergency assistance, please call Public Safety at 610-519-4444.

Sincerely,
The Center for Multicultural Affairs Staff

In the space provided, please elaborate on the issue/concern (use back if necessary):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

YOUR INFORMATION

If you would like to remain anonymous, please write ANONYMOUS in the First Name field and REPORT in the Last

First Name: ___________________________   Last Name: ___________________________

Role in Incident: □ Target   □ Witness   □ Informed by Target

Email: ___________________________   Phone #: ___________________________

Preferred Contact Method: □ Email   □ Phone

Year:  □ Fr.   □ So.   □ Jr.   □ Sr.   □ Grad   □ Other

INCIDENT DETAILS

Date of Incident: ___/___/____   Time of Incident: ___:___

or approximate time frame if the incident is ongoing   or approximate time of day

Role of Alleged Offender

□ Student   □ Contract Employee

□ Staff   □ Unknown

□ Faculty   □ Other

□ Administrator

Location of Incident:

□ Classroom   □ Campus Office

□ Campus Building   □ Residence Hall

□ At Campus Event   □ Walking On Campus

□ Parking Lot   □ Off-Campus

Other Offender?: ___________________________

Other Location?: ___________________________

In the space provided, please elaborate on the issue/concern (use back if necessary):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Please note that the completion of this form does not replicate or replace existing processes to review and resolve complaints made on the basis of Bias. A member of the Bias Response Team will make referrals to appropriate offices or person who will then investigate and respond to bias incident reports.

CONFIDENTIALITY
To the extent possible, the university will maintain the confidentiality of all parties involved in a bias report. Confidentiality, however cannot be guaranteed.