



## Form Center

### Hate - Bias Reporting Form

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This form is to be used for reporting of hate crimes, hate speech, bullying, unethical or discriminatory behavior occurring within the City of Whitewater by visitors, community members or city employees. The information is sent directly to the City Manager for action.

**If this is an EMERGENCY situation, CALL 911. Do not use this form to report incidents that present an immediate threat to health and safety.**

Complainant's First and Last Name:

Complainant's Phone:

Complainant's Email Address:

Please enter the following information. If something is unknown, simply state "unknown".

Date of Incident:\*

Time of Incident:\*

Location of Incident:\*

Nature of Alleged Bias\*

Please check all the categories below that describe this incident (required)

- |   |  |
|---|--|
| <input type="checkbox"/> Age                        | <input type="checkbox"/> Pregnancy                   |
| <input type="checkbox"/> Disability                 | <input type="checkbox"/> Race or Color               |
| <input type="checkbox"/> Gender Identity/Expression | <input type="checkbox"/> Religion                    |
| <input type="checkbox"/> Genetic Information        | <input type="checkbox"/> Sex                         |
| <input type="checkbox"/> Marital Status             | <input type="checkbox"/> Sexual Orientation          |
| <input type="checkbox"/> National Origin            | <input type="checkbox"/> Veteran Status              |
| <input type="checkbox"/> Parental Status            | <input type="checkbox"/> Other Bias (describe below) |

## Complaint or Issue Narrative

## Names and Contact Information of Individuals Involved

## Supporting Documentation

No file chosen

Photos, video, email and other supporting documents may be attached below. There is a 5GB maximum total size.

Attachments require time to upload so please be patient after submitting this form

### Disclaimer:

Anonymously filed complaints will be investigated, but you will not be notified of the outcome.

Information submitted on this form will be sent via email. To protect sensitive information, do not submit the following information on this form:

- Social Security numbers
- driver's license numbers
- bank account information and routing numbers
- medical information
- passport numbers
- and passwords

**Whoever knowingly makes a false complaint will be subject to a Class A forfeiture.**

\* indicates a required field