

## **Fargo Hate Crime and Bias Incident Report**

This form was developed in order to obtain information about and/or to report hate crime and bias incidents in our community. Third party or anonymous complaints will be accepted, but please be aware that anonymous complaints can sometimes be difficult to investigate, as an investigator may need additional information and the complainant may be the only source available. For this reason, please consider providing contact information when submitting your complaint.

l opt to remain anonymous:	Reporting Person: Victim	Witness Friend	Other:
First Name:	Last Na	me:	
Address:			
Phone Number:	Alt. Phone Number:		
Date of Incident: / /	Time: a.m. / p.m. Lo	cation:	
Description of Incident:			
Victim Information: First Name:		Last Name:	
Victim Contact Information (Addre	ss, Phone Number):		
Does the victim want contact from	an official? Yes No		
Do you want contact from an offici	ial? Yes No		
The incident was or appeared to b	e: (check all that apply)		
Verbal Assault or Slur	Threat of Physical Assault	Sexual Harassment	
"Threat of Outing"	Leafleting	Public Indecency	
Graffiti	Physical Assault	Phone Harassment	
Pursuit/Chase	Stalking	Unwanted letter or emai	ı
I felt the incident was because of:	(check all that apply)		
Gender	Disability	Nationality	
Creed	Race	Age	
Religion	Sexual Orientation	Appearance/Color	
Ethnicity	National Origin	Other:	
To your knowledge, was the incide	ent reported to any law enforcem	ent agency? Yes No	
If yes, which agency? Fargo Police	Cass County Sheriff's Office	NDSU Police	

Thank you for taking the time to step up and help us combat hate crimes and bias incidents in Fargo.