

TOWN OF RIVERHEAD

Anti-Bias Task Force

BIAS/DISCRIMINATION/HARRASSMENT FORM

Disclaimer: In completing the following incident report, understand that the Riverhead Anti-Bias Task Force (RABTF) is **not** an investigative arm of the Town. If you believe that a bias incident has occurred, **we expect that your first contact has been with the Riverhead Police Department (631)727-4500.**

The RABTF's awareness of a bias situation is critical in order to offer support to the victim and to assist the Town in addressing events that undermine our community. All communication will remain confidential; the exception being between the RABTF and the agency selected to receive the referral for further review. The RABTF makes no guarantee as to the outcome and is held harmless against all claims. In completing the following incident report, you further agree to defend, indemnify and hold harmless RABTF, their respective directors, officers, employees, volunteers and any agents from and against all claims and expenses, including attorney's fees, arising from RABTF's involvement in reference to any claim on any theory of liability whether in contract, strict liability or tort (including negligence).

DATE OF INCIDENT (Day/ month/ year) _____

LOCATION OF INCIDENT _____

(Street/ village or general area such as railroad station)

TIME OF INCIDENT _____ AM or PM (circle one)

NAME _____

_____victim _____witness _____other*

*please specify _____

CONTACT INFORMATION:

STREET ADDRESS _____

TOWN _____ ZIP _____

PHONE NUMBER (_____) _____ - _____

E-MAIL ADDRESS _____

_____ I do not want to give my name.

The bias/discrimination was based on:

RACE____(Raza)

ETHNIC/NATIONAL ORIGIN ____ (Etnica/Origen Nacional)

RELIGION____ (Religion)

DISABILITY____ (Desabilidad)

AGE ____ (Edad)

GENDER/SEXUAL ORIENTATION ____ (Orientacion Sexual)

What happened during the incident? (Check all that apply):

To the person(s) involved:

Assault/harassment: physical ____ (Contacto fisico)

Verbal ____ (Asalto Verbal)

Bullying ____ (Tiranismo)

Stalking/pursuit ____ (Busqueda)

Sexual assault: unwanted contact ____ (Sexual indeseada)

Public indecency ____ (Indecencia publica)

To the person(s) possessions or property:

Larceny/Theft ____ (Robo)

Damage/vandalism ____ (Vandalismo)

Graffiti ____ (Grafitis)

___OTHER* (Otro)

*If OTHER, please specify (Si hay Otro, por favor especifique):

On the lines below, please describe the incident as completely as possible. Provide names and descriptions to the best of your ability.

WHAT OTHER AGENCY OR PERSON(S) HAS BEEN NOTIFIED ABOUT THIS INCIDENT?

Signed _____

Date _____

FOLD IN HALF WITH MAILING ADDRESS ON THE OUTSIDE; APPLY TAPE TO CLOSE; AFFIX STAMP

Place
STAMP
Here

**RIVERHEAD TOWN HALL
200 HOWELL AVENUE
RIVERHEAD, NY 11901**

ATT: Town Board Coordinator/ABTF