

# 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):

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

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

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Signed \_\_\_\_\_

Date \_\_\_\_\_

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

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Place  
STAMP  
Here

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

**ATT: Town Board Coordinator/ABTF**