



CITY OF NEWPORT BIAS INCIDENT REPORTING FORM

The City of Newport is committed to addressing allegations of bias incidents in our organization. This form should be used by residents, visitors, employees or volunteers to report concerns regarding bias incidents involving the general public.

A bias incident is any hostile behavior or expression motivated by another person's perceived race, religion, color, sex (includes pregnancy related conditions), gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, medical condition, marital status, ethnicity, victims of domestic violence or stalking, retaliation, association with a protected class, genetic information, veteran status, military status, veterans preference in hiring/promotion, injured workers, lawful use of off-duty tobacco products, family relationship, sexual orientation, gender identity, employment status, or any other protected classification, in accordance with applicable federal, state, and local laws. Refer to the City of Newport's bias reporting policy, effective May 1, 2024, for more information about this form.

Please use this form to report bias incidents.

Name: _____

Telephone Number:

E-Mail Address:

Date of Incident:

Time of Incident: _____

Location of Incident:

Specific Location: _____

Person(s) Involved (Name and/or Name of Department or Facility): _____

Description of bias incident. Please include any information about individuals known to be or potentially involved. The more information you can provide, the more helpful it may be in looking into this incident: _____

Use additional sheets as required.

Nature of Bias (check all that apply):

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> Religion | <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other _____ | | |

What is your role in the incident? (required)

- Affected Individual
- Witness
- Person to Whom the Information was Reported

Supporting Documentation

Do you have any documents or other materials (e.g., e-mails, texts, screen shots of social media conversations, photos) that will help us understand the complaint? If yes, please attach these documents.

If you require assistance filling out this form or providing supporting documentation, or if you have any questions about this form, please contact The City Manager's Office at 541-574-0603. Individuals with disabilities may contact the City Manager's Office at 541-574-0603 to request and arrange for accommodations related to compiling information or completing this form.