

**SRI BALAJI VIDYAPEETH**  
MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE CAMPUS  
PILLAIYARKUPPAM, PUDUCHERRY – 607402

**HATE OR BIAS MOTIVATED INCIDENT REPORT FORM**

Name of the Reporting Person :

Course / Reg. No. :

Age :

Gender :

Community :

Religion :

**Incident Information**

Date of Incident :

Time of Incident : / am / pm

Location of Incident :

Incident Details in brief :

Action you are requesting

- a) Information only, no action required
- b) Information and action required

**Date:**

**Signature**