

Documentation of racist incidents at the university of Vienna

Date:

Number:

Were you personally affected?

Yes

No

Date of the incident

Place

Discrimination hierarchy

top-down

bottom-up

peer-to-peer

Situation

official (i.e. lecture, exam, course)

non-official (i.e. in the hallway or
café)

Did other people perceive the incident?

Yes

No

**What happened? What measure would you
like to be taken?**

Kontakt Daten (falls gewünscht):