

Student Conduct Incident Reporting Form

Student Name: _____ ID#: _____

Phone: _____

INCIDENT			
Date			Time
Location (be specific)			
Student (s) Involved			
Student (s) Involved Phone Number:			
Student (s) Involved ID Number:			
TYPE OF INCIDENT:			
<input type="checkbox"/> Disruption		<input type="checkbox"/> Damage/misuse of University property	
<input type="checkbox"/> Misuse of computer resources		<input type="checkbox"/> Illegal use or possession of drugs or illegal substances	
<input type="checkbox"/> Threatening actions (Verbal/Physical)		<input type="checkbox"/> Sexual misconduct	
<input type="checkbox"/> Possession or consumption of alcoholic beverages by minor			
<input type="checkbox"/> Harassment		<input type="checkbox"/> Other: _____	
EXPLAIN IN YOUR OWN WORDS WHAT HAPPENED. PLEASE INCLUDE AS MUCH DETAIL AS POSSIBLE, DESCRIBING THE INCIDENT IN CHRONOLOGICAL ORDER. USE ADDITIONAL PAGES AS NEEDED.			

By submitting this form, I hereby acknowledge that the information provided in this report is complete and true to the best of my knowledge and that the designated Judicial Officer will review the incident to determine an appropriate response. I understand that by informing the Office of Student Affairs (Judicial Affairs) that some incidents particularly sexual assault or other incidents that are deemed egregious by the Office of Student Affairs, may be subject to emergency action. The Office of Student Affairs upholds FERPA in all matters. By your signature below you are also acknowledging that the Director of Student Affairs or designee will determine what information may be shared as educational need-to-know in the investigation of this complaint.

Signature _____ Date _____

Retain a copy and submit form to:
The Office of Student Affairs, Student Center 226