

INCIDENT REPORT

Time of Incident: _____ **Date of Incident:** _____

Place of Incident: _____ **Who was notified:** _____

Date & Time Notified: _____

Violation(s):

- _____
- _____
- _____

Student(s) who violated community standards: (Fill out completely)

NAME	ID #	Cell Phone #
• _____	_____	_____
• _____	_____	_____

Witness(es) of the violation: (Fill out completely)

- _____
- _____

State only factual details of the incident (who, what, when, where, and how). Then state how the incident was handled. If more room is needed to recount the incident, attach a separate sheet to this form.

Signature of person submitting the report Phone # Date

RD/CD Follow-Up: _____ **Date & Time of Follow-up:** _____

RD/CD Signature Date

<input type="checkbox"/> Illegal Incident
Date & Time Security Notified: _____
Official Security Report Received: _____

Action recommended by the Community Life Committee:

_____ FYI to be filed in the RH/Commuter Office

_____ Accountability Board Hearing or Referral to Dr. Bundrick

_____ See below for Status and Sanctions:

Status:

Start date:

Date to be completed:

1. *Disciplinary Alert*

2. *Community Alert*

3. *Probationary Alert*

4. *Behavioral Probation*

5. *Provisional Continuance*

6. *Immediate Suspension or Delayed Suspensionreferred to Dr. Bundrick*

Sanction:

_____ Community Restitution

_____ Counseling Assessment *

_____ Drug Screen (random times)

_____ Fine amount: \$ _____

_____ Housing Change

_____ Loss of Privileges

_____ Mentoring*

_____ Research/Book Report

_____ Sexually Transmitted Infection Testing*

_____ Other:

*require an additional form

Signature of Committee Chair

Date