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**STUDENT CONDUCT INCIDENT REPORT FORM**

It is necessary to complete this form to report an incident of suspected and/or alleged student conduct violations.

Please submit this form and all available supporting documentation to the Office of Judicial Affairs.

**SECTION 1: Personal Information** (About Yourself)

|  |  |
| --- | --- |
| **Name:** Name | **EMPLID:** EMPLID |
| **BCC Role:** Select Role | **Other (*Explain*):** Start Typing |
|  | | |
| **Phone Number(s):**  Phone Number | | **Email Address:** Email Address |

**SECTION 2: Student of Interest** (About the Student For Whom You Are Making This Report)

|  |  |
| --- | --- |
| **Name:** Name | **EMPLID:** EMPLID |
| **Phone Number:** Phone Number | **Email Address:** Email Address |
| **Your Relationship to Student:** Your Relationship to Student | |

**SECTION 3: Incident Information**

|  |  |  |
| --- | --- | --- |
| **Date of Incident:** Date | **Time of Incident:** Time | **Incident Location:** |

|  |  |
| --- | --- |
| **Name of Witness (1):** Name of Witness | **EMPLID:** EMPLID |
| **Phone Number:** Phone Number | **Email Address:** Email Address |

|  |  |
| --- | --- |
| **Name of Witness (2):** Name of Witness | **EMPLID:** EMPLID |
| **Phone Number:** Phone Number | **Email Address:** Email Address |

**SECTION 4: Written Statement** (Please include a detailed description of the concerning behavior using specific language)

Enter Detailed Description Here

**SECTION 5: Signature of Person Filing the Incident Report**

**IMPORTANT. PLEASE READ:** By filling out and Printing your name on this report, I hereby certify that the information

given is true and factual to the best of my knowledge.

|  |  |
| --- | --- |
| **Signature (Please Print Name):** Print Your Name Here to Acknowledge | **Date:** Click to enter a date. |

|  |  |
| --- | --- |
| ***\*(INTERNAL USE ONLY)* Incident Report Number:** | **Received By:** |