



Office of Judicial Affairs
 Loew Hall [LO], Room 418
 T: 718-289-5100, Ext. 3146
 F: 718-289-6347

Bronx Community College
 of the City University of New York
 2155 University Avenue
 Bronx, New York, 10453

Behavioral Intervention Incident Report Form

This form provides an opportunity for the college community to report any concerning behavior regarding students to the Behavioral Intervention Team (BIT). Reportable behaviors may include, but are not limited to:

- **Self-injurious behavior** (Suicidal ideation/attempt, cutting behavior, dangerous alcohol/substance abuse consumption, etc.)
- **Disruptive behavior that violates community safety** (Homicidal threats, stalking, assault, cyber bullying, carrying weapons, etc.)
- **Unusual behavior** (Changes in personality, depressive symptoms, shifts in mood, unexplained irritability and/or lethargy, hopelessness, etc.)

For information about BIT, go to: <http://www.bcc.cuny.edu/campus-life/behavioral-intervention-team/>.

To submit this form and all supporting documentation (if applicable), email: BIT@bcc.cuny.edu.

****For emergencies, please contact the BCC Department of Public Safety immediately at 718-289-5911. The Department of Public Safety is available 24 hours, 7 days a week.****

SECTION 1: Personal Information (About Yourself)

Name: _____ EMPLID: _____
 BCC Role (*Select One*): Student Faculty Staff Administration Other (*Explain*): _____
 Phone Number(s): _____ Email Address: _____

I prefer to make this an anonymous report: yes no

*Please provide your contact information for our records even if you want your name to remain anonymous. We will not share this information. Note: reports submitted with the following information left blank may not be addressed.

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

Name: _____ EMPLID: _____
 Phone Number: _____ Email Address: _____
 Your Relationship to Student: _____

SECTION 3: Incident Information

Date & Time of Incident: _____ Incident Location: _____
 Name of Witness (1): _____ EMPLID: _____
 Phone Number: _____ Email Address: _____
 Name of Witness (2): _____ EMPLID: _____
 Phone Number: _____ Email Address: _____



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

Lined area for writing the written statement.

SECTION 5: Signature of Person Filing the Incident Report

IMPORTANT. PLEASE READ: By filling out and signing this report, I hereby certify that the information given is true and factual to the best of my knowledge.

Signature: _____ Date: _____

*(INTERNAL USE ONLY) Incident Report Number: _____ Received By: _____