



Student Services

STUDENT INCIDENT/BEHAVIOR REPORT

Part 1 – To be completed by Faculty/Dean/Associate Dean/Supervisor

Student(s) involved in Reported Incident/Behavior:

Student Name: \_\_\_\_\_ SID: \_\_\_\_\_

Student Name: \_\_\_\_\_ SID: \_\_\_\_\_

Student Name: \_\_\_\_\_ SID: \_\_\_\_\_

Program/Dept: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

(Faculty/Dean/Associate Dean/Supervisor)

Description of Incident/Behavior:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses Names \_\_\_\_\_ Date \_\_\_\_\_

Did you meet with the student(s)?  YES  NO

Part 2 – Complete this portion if Faculty/Dean/Associate Dean/Supervisor met with student(s).

Date of Meeting: \_\_\_\_\_

Names of those attending: \_\_\_\_\_

Content of Meeting: \_\_\_\_\_  
\_\_\_\_\_

Type of Action Taken: \_\_\_\_\_  
\_\_\_\_\_

Referral to (if situation not resolved): \_\_\_\_\_

Follow-up (if any): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Faculty/Dean/Associate Dean/Supervisor)

Original (VP of Student Services) Copy (Faculty/Dean/Associate Dean/Supervisor)