

COLUMBIA COLLEGE INCIDENT DESCRIPTION FORM

NOTE: Must; Shall; Will: Should: May or Could; Can:	Clarification of Terms <small>These words or phrases indicate actions or activities that are <i>essential</i> or <i>mandatory</i>. This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory. These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document.</small>
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DIRECTIONS

This form was developed to assist staff and students who wish to report an incident or offense.

- Please describe the incident or offense you believe was committed.
- Please use one form for each person whom you feel committed an offense.
- After filling out the form, please hand it to the Program Manager responsible for the classroom or environment in which the incident/offense occurred.

REPORT

Please refer to the GENERAL PROGRAM INFORMATION AND ACADEMIC REGULATIONS - STUDENT CONDUCT section of the college calendar for a complete description of what are defined as academic and non-academic offenses, as well as discipline and appeal procedures.

1. Type of Offense		
Academic	Plagiarism	Confidential Materials Disks
	Cheating	Duplication
	Outside Floppy	Other
Non-Academic	Disruption	Misuse or Misappropriation of College, Equipment, Facilities or Services
	Physical Abuse	Verbal Abuse
	Alcohol/Drug Abuse	Other
2. Details		
Who do you believe committed the incident?	Name:	Program/Department
When did the incident occur?	Date:	Time:
Where did the incident occur?	Location:	Student ID#
3. Witnesses		
Who else observed the offense or may have knowledge of the offense?		
Name	Position (Staff, Student, etc)	Program/Department:
1.		
2.		
3.		
4. Description		
Briefly describe as simply and clearly as possible the events surrounding the incident (attach a page if necessary).		
5. How should this incident be dealt with?		
Briefly describe how you feel this incident should be dealt with? Describe how you feel this person should be handled.		
6. Who completed this document		
Name (Print):	Position (Staff, Student):	Program:
Signature:	Date Signed:	Program Chair Signature: