**BEHAVIORAL CONCERN REFERRAL FORM**

Case Information

**Day/Date of Incident: Time of Incident:**

**Location of Incident: Witnesses:**

**Was Public Safety Called? Yes No**

Personal Information / Individuals Involved:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name:** | **Student Name:** | **Student Name:** | **Student Name:** | **Student Name:** |
| **ID #:** | **ID #:** | **ID #:** | **ID#:** | **ID #:** |
| **Faculty/Staff Name:** | **Faculty/Staff Name:** | **Faculty/Staff Name:** | **Faculty/Staff Name:** | **Faculty/Staff Name:** |
| **Email Address:**  ***How did you become aware of the behavior?*** | **Email Address:**  ***How did you become aware of the behavior?*** | **Email Address:**  ***How did you become aware of the behavior?*** | **Email Address:**  ***How did you become aware of the behavior?*** | **Email Address:**  ***How did you become aware of the behavior?*** |

Behavior Description:Describe, in detail, the behavior in question, beginning with how the alleged incident began or was discovered. Please use the next page and additional pages as necessary.

*Behavior Description Continued:*

*How was this behavior addressed?*

*What outcome would you like to see from this referral?*

***PLEASE INCLUDE ANY SUPPORTING DOCUMENTATION WHICH MAY HELP IN APPROPRIATELY ADDRESSING THIS BEHAVIOR.***

I understand that by completing and signing this report, I am stating that what is

contained herein is true to the best of my knowledge. I also expect that the College

will take whatever action is deemed necessary to correct the problem identified in this

report and I will be willing to back up this report with validation, if necessary.

Print Name Signature Date of Report

***092314***