**Feather River College – Student Incident Report**

Faculty/staff are expected to report any student behaviors which MAY violate the Standards of Student Conduct or other College Policy to the Student Services Office. Filing this report does not mean the College will formally charge the student with a violation of the Standards of Student Conduct. Whenever possible, efforts will be made to resolve the matter through an information resolution.

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| **STUDENT INFORMATION (print)** |
| Last Name:       | First Name:       | Student ID#:       |
| **DATE/LOCATION OF INCIDENT** |
| Date of Incident:       | Time of Incident:       | Class (if applicable):       |
| **WHERE DID INCIDENT OCCUR?** | Office/Area:       | Building:       | Room:       |
| **DESCRIPTION OF BEHAVIOR(S) - Check all behaviors that apply** |
| [ ]  Academic Dishonesty (was the incident so grievous as to warrant further disciplinary action by the CSSO?) [ ]  Yes [ ]  No | [ ]  Harassing and Abusive Behavior | [ ]  Violation of the Smoking Policy |
| [ ]  Criminal Activity | [ ]  Misuse of College Property | [ ]  Violation of Weapons/Firearms Policy |
| [ ]  Disruption of Educational/Work Environment | [ ]  Trespassing | [ ]  Under the Influence of a Controlled Substance/Alcohol |
| [ ]  Failure to Comply with Directions of FRC Personnel | [ ]  Violation of the Service Animal Policy | [ ]  Other (please specify) |
| **Please describe details of the incident, including facts, witnesses, specific behaviors exhibited and/or actions of the student: (Attach additional sheets or use the back of the form, if necessary). Attach any additional documents that apply.**      |
| Have you warned this student about this behavior prior to this incident: [ ]  Yes [ ]  No | If so, how many times before:       |
| **FACULTY/STAFF MEMBER FILING REPORT (please type or print legibly)** |
| Last Name:       | First Name:       | Office Phone:       |
| Title/Position:       | FRC Email:       |
| Signature: | Today’s Date:       |

**Return Form to Chief Student Services Officer’s Office**

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| **For Office Use Only:** |
| Date Received: | Action Taken: |