



Conduct/Behavioral Report Form

**ACTIVITY OCCURRED IN OR NEAR**

Building/Other Area: _____ Room: _____

REPORT FILED BY:

Name: _____

Date of Activity: ____ / ____ / ____

Time: _____ AM/PM

Email: _____

Phone: _____

PARTICIPANT/OBSERVER INFORMATION: Complete all identification information as requested. Also indicate whether the individual was a participant, observer, by circling "P" for participant or "O" for observer.

Name: _____ P /O

ID#: _____ Phone: _____

Circle: Student/Staff/Other NC State/ OSU-Mansfield

Name: _____ P /O

ID #: _____ Phone: _____

Circle: Student/Staff/Other NC State/ OSU-Mansfield

Name: _____ P /O

ID #: _____ Phone: _____

Circle: Student/Staff/Other NC State/ OSU-Mansfield

Name: _____ P /O

ID #: _____ Phone: _____

Circle: Student/Staff/Other NC State/ OSU-Mansfield

RELEVANT INFORMATION: Describe what happened as specifically as possible. Please state only the facts available to you. Identify additional witnesses and give a clear description of the situation and conditions (i.e., who, what, when, where, why, etc.). Please use back of form if necessary.

To be completed by the individual reporting the incident. **If this is an emergency please call 911 or contact Security at x4346.**

If not submitting this form electronically, please print and send to one or both as appropriate:

Chief Student Affairs Officer, OSU Mansfield RH-104

Chief Student Affairs Officer, North Central State College F-7