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 Name: ____________________________ P/O
ID #: ______________________________ Phone: __________________
Circle: Student/Staff/Other NC State/ OSU-Mansfield Circle: Student/Staff/Other NC State/ OSU-Mansfield
Name: ____________________________ P/O Name: ____________________________ P/O
ID #: ______________________________ Phone: __________________
Circle: Student/Staff/Other NC State/ OSU-Mansfield 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