



STUDENT INCIDENT REPORT

Please exercise care in completing this form. Take the time to print or write clearly.

Student Name: _____

Student's Social Security Number: _____

(THIS NUMBER MUST BE CONCEALED ON ALL COPIES MADE OF THIS DOCUMENT)

Today's Date: _____

Date of the Alleged Incident: _____

Location of the Alleged Incident: _____

Time of the Alleged Incident: _____

Name of the Respondent: _____

DESCRIBE THE ALLEGED INCIDENT

Instructions: Be specific. Describe clearly the alleged incident. (If necessary, seek assistance from a person of your choice in preparing this form.)

Please attach to this form any written and signed statements or other evidence which support your description of the alleged incident.

Blank lined area for describing the incident.

What remedy/solution are you seeking?

Please list all attachments that you are including with this form:

Signature: _____

Date: _____

Policy Reference: PTC Policy #SA223 Grievance Policy
 PTC Policy #SA229 Judicial Code and Disciplinary Procedures
 PTC Policy #SA262 Student Due Process
 PTC Form #SA200.36 Response to Student Grievance Form
 PTC Form #SA200.37 Response to Student Incident Report
 PTC Form #SA200.45 Student Grievance Form
 LCTCS Policy #2.004 – Student Conduct and Appeals Procedures
 Family Educational Rights and Privacy Act (FERPA)

Review Process:

X	Reviewing Council/Entity	Review Date	Effective Date
X	Student Affairs Officers	2/22/07	
X	Faculty	2/22/07	
X	Student Government	06/01/07	

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