

Behavior Concern Report

Date of report:

Time of report:

Case Number: T-

Your Name:

Phone #

Dept/College

Your Supervisor:

Your Email:

Person of Concern:

☐

Faculty

☐

Staff

☐

Student

☐

Other

Describe behavior or situation:

What is your concern?

Identify other individuals involved, including their contact information and status as faculty, staff, students or other (if known):

Have you taken any actions?: ☐ Yes ☐ No

If "yes" describe:

Supervisor/Administrator Notified?

☐

Yes

☐

No

Name:

Witnesses:

Name:

Contact #

Name:

Contact #

Name:

Contact #

Forward completed form to Chief of Police for possible follow-up by the campus Threat Assessment Team**Fax #:** 5665 (secure)**Physical Location:** T-1200

Would you prefer to remain anonymous?

☐

Yes*

☐

No

Anonymity will be afforded if deemed appropriate for the situation reported*For Administrative Use**

Related cases: 1.

2.

3.

Follow-up assigned to:

Date:

Date Completed: