

Concerning Behavior Form

If this is an emergency contact 911 or SCTC Campus Police. If this is not an emergency please complete the form below.

Background Information:

Your full name: _____ Title:/Position: _____

Contact Information:

Email Address: _____

Phone Number: (____) _____ - _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Have you discussed the specific behaviors with the individual(s). Yes No

Have you attempted to resolve the issue in good faith? Yes No

Please indicate which SCTC Campus/Center: _____

Urgency of the report: _____ High _____ Low

Date of Incident: ____/____/____

Time of Incident: _____ : _____ __M

List involved parties including Student ID# if applicable

Explanation of Concerning Behavior. Please provide a detailed description of the incident/concerning behavior using specific, concise, and objective language. (Who, What, Where, Why, How and Witnesses if applicable)

Your Signature: _____

Date: _____