

**CLASSROOM DISRUPTION
ACADEMIC INCIDENT REPORT**

Name of Alleged Offender _____

Alleged Offender Student I.D. _____

Student Mailing Address _____

Street

Apt No.

City

State

Zip Code

Date and Time of Alleged Incident _____, 20__ _____ a.m./p.m.

Location where alleged incident occurred:

Below please provide details of the alleged behavior that lead to the filing of this incident report.

Below please list the actions you have taken, pursuant to your departments policy on classroom disruption, to resolve this issue.

Below please have your department chair sign this incident report, acknowledging that they are aware of this incident and are in agreement that this matter should be referred to the Office of Judicial Affairs.

Name of Department

Department Chair

Date

Complainant Information

Name _____

Title _____

Contact No. (_____) _____ E-Mail _____

I verify that the above statement is true and accurate to the best of my knowledge.

Complainant Signature

Date

IMPORTANT NOTE: Filing of a incident report does not automatically initiate judicial action.