

**Terra State Community College
Behavioral Intervention Team
Incident Report Form 2019-2020**

INCIDENT #: _____
Open Date: _____
Closed Date: _____
Outcome: _____

GENERAL INFORMATION

Date:	Incident Location:
Time:	Nature of Incident:

REPORTING PARTY(S)

Name	Employment Position/Student	Extension	Local Phone Number
Email Address	Physical Address	Zip Code	City/ State

STUDENT(S) INVOLVED

Name	Date of Birth	Gender	Local Address	Room #	Contact #	Class

WITNESSES/OTHER STUDENTS INVOLVED

Name	Date of Birth	Gender	Local Address	Room #	Contact #	Class

DETAILED DESCRIPTION OF INCIDENT OR CONCERN:

Duration of Behavior:

Describe any action taken to address concern:

Please complete fully and email directly to the following email:

OFFICE USE ONLY

Nature of Incident: _____

Academic Performance/Behavior/Incident

Alcohol Violation

 Underage _____

 Other _____

Disorderly Conduct

 Physical Altercation _____

 Verbal Altercation _____

 Property Damage _____

 Quiet Hours Violation _____

 Non-Compliance _____

Drugs/Illegal Substances

 Suspected _____

 Possession/Misuse _____

Financial Issues _____

Fire Safety Violation

 Fire Alarm _____

 Active Fire _____

Personal Issues

Theft/Burglary _____

Sex and/or Gender Issues _____

Wellness Concerns

 Injury _____

 Wellness Issue _____

 Mental Welfare / Health _____

 Illness _____

 Hospital Transport _____

Other Violation

 Smoking in Residence Halls _____

 Parking Lot Violation / Car Accident _____

 Prohibited Items _____

Unknown _____ (Identify in notes)

URGENCY OF REPORT (please circle):

Information Sharing/ Not Urgent _____

Ongoing Concern _____

Urgent Attention _____

Date Received: _____

Prior Concerns: _____

BIT Team Member Assigned: _____

Meeting Date & Time: _____

Notes:

Assigned to: _____

Follow-Up: _____