

**Beaufort County Community College Student Incident Report**

Student Name \_\_\_\_\_

Time of incident \_\_\_\_\_

Place of incident \_\_\_\_\_

Date of incident \_\_\_\_\_

Description of incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of person(s) directly involved or witnesses to the infraction

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any action taken that relates to the matter

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature BCCC employee filing incident report \_\_\_\_\_

Date

\_\_\_\_\_