

Beaufort County Community College  
**REPORT OF INAPPROPRIATE STUDENT BEHAVIOR**

**STUDENT INFORMATION**

Name:		Student Id:	
Mailing Address:			
Phone/Cell		E-Mail	

**REPORT OF INCIDENT**

See page 2 if additional needs to be provided.

Inappropriate student behavior may be defined for these purposes as significant conflict, disruption, difficulty, disagreement, strife, and/or any form of violence or threat of violence.

**Individual filing report:**

	Faculty
	Staff
Name:	
Department:	
Date/Time/Place of incident:	
Provide factual information about the incident including student(s) names who can verify the incident.	
What specific actions or suggestions do you recommend for resolving the incident?	

Send completed form to the Dean of Student Services

Additional Information:

**Follow-up with individual filing report:**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: