FLORIDA A&M UNIVERSITY
School of Allied Health Sciences
Incident Reporting Form

DISRUPTION OF THE ACADEMIC PROCESS (Please Print Legibly)

Course: _____________________ Instructor: ___________________________________
Date & Time of incident: _______________ Location: ________________________________
Student’s Name: _______________________________ ID#: __________________________
Home Telephone # _____________________________ Cell # __________________________
Classification: ____________________ Major: ________________________________
Witness: _________________________________ / __________________________________
          #1                                       #2
          Cell # ___________________________ Cell # ____________________________
Home Telephone # _______________________ Home Telephone # _____________________

Type (s) of Disruption: Check all that apply   For additional/specific comments use attached form

___ Talking   ___ Use of profanity   ___ Fighting
___ Use of cell phone   ___ Chronic habitual lateness   ___ Inattentiveness
___ Reading/passing non-course related items to others   ___ Academic Dishonesty (cheating, plagiarism, etc. _____________)
                                                    ___ Other (describe) ________________________________ (List)

Response to Disruption/Incident: Check all that apply

___ Student left class as requested by instructor   ___ Campus Police responded
___ Student issued a verbal warning   ___ Student forcibly removed
___ Student issued a written warning   ___ Issue resolved by instructor
___ Campus Police called   ___ Issue referred to division or dean
___ Other ____________________________________________ (explain)

If Campus Police was involved, was a police report completed? __Yes __No
Did you receive/request a copy of the police report? __Yes __No
Was the student arrested? __Yes __No
Did you receive a copy of the arrest report? __Yes __No
If there were injuries, did you observe them? __Yes __No
Were there any injuries (to student or instructor) reported? __Yes __No

Injuries observed/reported: ____________________________________________

Results of meeting with student/solution: __________________________________________

Signature: ___________________________ Date: ___________________________
           Instructor

Signature: ___________________________ Date: ___________________________
           Division Director/Designee
DISRUPTION OF THE ACADEMIC PROCESS
INCIDENT REPORTING FORM (Attachment)

ADDITIONAL COMMENTS Student (Optional)

Name: ____________________________ Title: _____________________
(Please Print)
Signature: _____________________________ Date: ________________

ADDITIONAL COMMENTS Faculty/Staff (Optional)

Name: ____________________________ Title: ______________________
(Please Print)
Signature: _____________________________ Date: _________________

ADDITIONAL COMMENTS Division Director/Dean (Optional)

Name: ____________________________ Title: ______________________
(Please Print)
Signature: _____________________________ Date: _________________

Form Approved 9/8/05
SOAHS Executive Committee & Faculty