

SANTA ROSA JUNIOR COLLEGE BEHAVIORAL INCIDENT REPORT

Name of Person Involved in Incident:

SSN Birthdate Student Employee Other

Address Phone

Name of Person Observing the Incident (*optional*)

Phone Student Employee Other

EXPLAIN INCIDENT

Date Time Place

Did incident occur during a class? Yes No List course title/section#

Instructor (if present)

Describe what happened

Witnesses (if any)

Phone Student Employee Other

DESCRIBE ACTION TAKEN

Explain

Referred to Transported to

What other college personnel (if any) have been notified?

CRISIS INTERVENTION RESOURCE TEAM FOLLOW-UP (CIRT TEAM USE ONLY)

Recommendations

CIRT Member Reporting the Incident

Phone Routing: SPS Student Health Services District Police

(as needed Date/Initials) VP Student Services Other

This report may be made available to the person involved in the incident upon their request.

Persons choosing to report incidents may remain anonymous if they prefer.