

Date: _____

Please check ONE of the following:

- 1) ☐ I would like to submit a written record regarding my concern; however, I **WOULD LIKE TO REMAIN ANONYMOUS**. I understand that this prohibits any member of Student Services or any other department within the College from following up with me regarding my concern.
- 2) ☐ I would like to submit a written record regarding my concern. I would like a member of Student Services to follow up with me. I would like my concern presented to the department in question; however, **I DO NOT WANT MY INFORMATION** (including, but not limited to name and contact information) shared with any other department.
- 3) ☐ I would like to submit a written record regarding my concern. I would like a member of Students Services to follow up with me; additionally, I would like my concern presented to the department in question, and I give permission for members of other departments within the College (e.g. Academics) to contact me about my concern.
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Section A**Contact Information**

If you selected Option 2 or 3 above, **please fill in the below**. If you selected Option 1, please **skip** to Section B

Student Name: _____

Phone Number: _____

Email Address: _____

Section B**Description of the Concern**

Person(s) Involved:

1. _____ ☐ Student ☐ Faculty/Staff ☐ Visitor

2. _____ ☐ Student ☐ Faculty/Staff ☐ Visitor

3. _____ ☐ Student ☐ Faculty/Staff ☐ Visitor

Please describe the concern that you wish to have addressed (use an additional piece of paper if necessary):

Please describe the **OUTCOME** that you hope to see (use an additional piece of paper if necessary):

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Date of Incident:_____ **Time of Incident:** _____ **Campus:** _____

Department Use Only

Form Received By (Print): _____

Form Received By (Signature): _____

Date and Time of Report: _____