

BIT Incident Report Form

Student Name: _____ EMPLID #: _____

Risk Level: ___ Mild ___ Moderate ___ Elevated ___ Severe ___ Extreme

Choose Categories and all behaviors that apply:

Conduct

- Disruptive
- Damage of Property
- Drugs/Alcohol
- Physical Abuse
- Theft
- Verbal abuse
- Weapons
- Other

Behavioral

- Aggressive Impulses
- Depression
- Emotional /Behavioral Dysregulation
- Physical Aggression
- Verbal Aggression
- Other

Academic

- Cheating
- Grades
- Plagiarism
- Other

Incident Date: _____ Time: _____ Place: _____

Others Involved: _____

Witnesses: _____

Details: _____

Action taken by Reporter: _____

Suggested Additional Action: _____

Reporter Name: _____ Contact Number: _____

Email: _____ Date Reported: _____