

IF THE STUDENT ENCOUNTER IS THREATENING TO YOU OR TO YOUR STUDENTS  
CALL THE CAMPUS SHERIFF IMMEDIATELY AT 818.947.2911.  
REQUEST SHERIFF ISSUE AN "INCIDENT REPORT" ON THE SITUATION  
MY OFFICE RECEIVES ALL INCIDENT REPORTS

Faculty Name (please print)

Signature

Course Name

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Semester:  Spring 20 \_\_\_\_  fall 20 \_\_\_\_  winter/summer 20 \_\_\_\_

**STUDENT(S)**

Name: \_\_\_\_\_ ID# 88 \_\_\_\_\_

Name: \_\_\_\_\_ ID# 88 \_\_\_\_\_

Name: \_\_\_\_\_ ID# 88 \_\_\_\_\_

1. Describe, in detail, the problematic behavior(s), including any relevant events that led up to or after the alleged violation. Please include all relevant dates, witnesses, etc.

2. If this is a case of academic dishonesty, did you personally observe the behavior(s)? If so, please explain what happened. If not, please explain.

