



Behavior Concern Checklist & Report Guideline

For Faculty & Staff

Your Name:		Phone #	Dept/College:	Date:
Your Supervisor:			Your Email:	Time:
Person of Concern:			<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other	
Describe behavior or situation:				
What is your concern?				
Identify other individuals involved, including their contact information and status as faculty, staff, students or other (if known):				
Have you taken any actions?:		<input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes" describe and include any previous reported incidents.
Supervisor/Administrator Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Supervisor or Administrator Notified:				
Witnesses:	Name:	Name:		Contact #
	Name:	Name:		Contact #
	Name:	Name:		Contact #
Forward completed form to the University Police for possible follow-up				
For Administrative Use				
Related cases:	1.	2.	3.	
Follow-up assigned to:			Date Assigned:	
Date Completed:		Command Level Review:		
Comments:				