



Conduct/Behavioral Report Form

**ACTIVITY OCCURRED IN OR NEAR****REPORT FILED BY:**

Building/Other Area: _____ Room: _____ Name: _____

Date of Activity: _____ Time: _____ AM PM

Email: _____ Phone: _____ Alt. Phone: _____

PARTICIPANT/OBSERVER INFORMATION: Complete all identification information as requested. Also indicate whether the individual was a participant or observer.

Name: _____ P /O
ID#: _____ Phone: _____
Circle: Student/Staff/Other NC State/ OSU-MansfieldName: _____ P /O
ID #: _____ Phone: _____
Circle: Student/Staff/Other NC State/ OSU-MansfieldName: _____ P /O
ID #: _____ Phone: _____
Circle: Student/Staff/Other NC State/ OSU-MansfieldName: _____ P /O
ID #: _____ Phone: _____
Circle: Student/Staff/Other NC State/ OSU-Mansfield

RELEVANT INFORMATION: Describe what happened as specifically as possible. Please state only the facts available to you. Identify additional witnesses and give a clear description of the situation and conditions (i.e., who, what, when, where, why, etc.).

To be completed by the individual reporting the incident. **If this is an emergency please call 911 or contact Security at x4346.**

If not submitting this form electronically, please print and send to one or both as appropriate:
Chief Student Affairs Officer, OSU Mansfield RH-104
Chief Student Affairs Officer, North Central State College F-7