

REPORTING PERSON **Name:** **Phone:**
 (Please Print) **Email:** **Date:**

SUBJECTS INVOLVED **Name*:** **Phone:**
IN INCIDENT **Email:**

(Please Print) **Name*:** **Phone:**
 Email:

Name*: **Phone:**
 Email:

WITNESSES **Name*:** **Phone:**
OF INCIDENT **Email:**

(Please Print) **Name*:** **Phone:**
 Email:

**If you do not know an individual's name or are unsure of his/her identity, please describe his/her height, weight, hair and eye color, and any other distinguishing features to the best of your ability.*

Type of Incident (replace "□" with an "x"):

- | | |
|--|---|
| <input type="checkbox"/> Academic Dishonesty | <input type="checkbox"/> Harassment, Bullying and Hazing |
| <input type="checkbox"/> Cheating | <input type="checkbox"/> Consumption, Possession or Distribution of Drugs/Alcohol |
| <input type="checkbox"/> Plagiarism | <input type="checkbox"/> Smoking Regulations |
| <input type="checkbox"/> Tampering | <input type="checkbox"/> Possession of Weapons on Campus |
| <input type="checkbox"/> Assisting Other Students | <input type="checkbox"/> Failure to Report a Violation or Obstruction of Justice |
| <input type="checkbox"/> Obstruction or disruption of the Academic/Institutional Process | <input type="checkbox"/> Misuse of College Equipment and Property |
| <input type="checkbox"/> Theft, Damage, and Improper Use of College Funds | <input type="checkbox"/> Disorderly Conduct |
| <input type="checkbox"/> Concerning Behavior | |
| <input type="checkbox"/> Other: | |

**Refer to the Students Right's, Freedom's, and Responsibilities Handbook for description and clarification of the type of incident.*

Incident Date:
Incident Time:
Location of Incident:

Detailed Incident Description:

Reporter's Signature _____ **Date** ___/___/___
TVCC Conduct Coordinator/Designee _____ **Date** ___/___/___