Incident Report (IR)—Behavioral

California State University, Chico
Office of Student Judicial Affairs

Please type or print clearly.

_____ _____
Name of Student: Student ID Number

_____ _____ _____
Location of Incident Date Time

Witnesses: _____ _____

_____ _____

Describe the incident in complete detail (use additional paper if necessary):

Type of Incident:
(Check all that apply)

- ☐ Alcohol
- ☐ Assault
- ☐ Classroom Disruption
- ☐ Drugs
- ☐ Fire Safety
- ☐ Harassment
- ☐ Noncompliance
- ☐ Theft
- ☐ Vandalism
- ☐ Weapons
- ☐ Other_____

_____

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_____

Indicate other administrative offices that have been contacted (i.e. University Police, Department Chair, Dean):

Submitted by:

_____ _____ _____ _____
Name Department Signature Title

_____
Phone

09/09