



**Las Positas College
Office of Student Services
Student Incident Report**

- Reporting Procedures:**
 1. Complete this form
 2. Submit the completed form to the Campus Safety Department by hand delivery or fax (925)371-0283.

Use this form to refer issues to Campus Safety and the BIRT. For more information, please call Sean Prather @ (925)424-1690 or Julie Thornburg (925) 424-1406 for more information.

GENERAL INFORMATION		
Student's Last Name:	First:	Student ID:
Address:	Email:	Phone:
Name of Person Submitting Report:		Contact Info:
Date & Time of Incident/Infraction:		Location:
EMERGENCY STUDENT ISSUES OR CONCERNS CONTACT SAFETY IMMEDIATELY 925-424-1699		
DISORDERLY. LEWD. INDECENT. OBSCENE. OR OFFENSIVE CONDUCT OR EXPRESSION		
ASSAULT/BATTERY. ABUSE. OR ANY THREAT OF FORCE OR VIOLENCE		
POSSESSION/USE OF FIREARMS. EXPLOSIVES OR OTHER WEAPONS		
POSSESSION OF ANY ARTICLE AS A WEAPON TO THREATEN BODILY HARM		
USE, POSSESSION, DISTRIBUTION OF ALCOHOL OR DRUGS OR VIOLATION OF SMOKING		
NON EMERGENCY STUDENT ISSUE OR CONCERN (CHECK ALL THAT APPLY)		
<input type="checkbox"/>	Willful disobedience or defiance toward college official	<input type="checkbox"/> Theft/damage to, property belonging to the college & college community
<input type="checkbox"/>	Obstruction or disruption of College day-to-day operations	<input type="checkbox"/> Misuse of College information technology equipment/software/internet access
<input type="checkbox"/>	Individual presents with a significant risk of danger to self, danger to others, and/or grave disability (provide specifics below)	
<input type="checkbox"/>	Other: (Explain)	
DESCRIPTION OF INCIDENT OR BEHAVIOR (use additional sheets if necessary):		
FACULTY, STAFF OR STUDENT WHO OBSERVED THIS INCIDENT (please include name and contact		
1.	2.	
PRIOR ACTION(S) TAKEN BY FACULTY/STAFF MEMBER		
<input type="checkbox"/>	Warning Issued for Offense:	<input type="checkbox"/> Verbal <input type="checkbox"/> Written
<input type="checkbox"/>	Removal from Class: Date(s) _____	<input type="checkbox"/> Other Action(s):
Additional Info		
FOLLOW-UP ACTION REQUESTED (check all that apply) This report is for information only.		
<input type="checkbox"/>	This referral is for your information only. No follow-up requested	<input type="checkbox"/> Please call with suggested interventions
<input type="checkbox"/>	Please meet with student for disciplinary action	<input type="checkbox"/> Other: (Explain) _____
ADMINISTRATIVE ACTION (description of actions taken)		
ADMINISTRATOR'S SIGNATURE: _____ DATE: _____		

EMERGENCY: If student is a threat or help is needed immediately, call 9-1-1 or Safety @ 925-424-1699