

Cabrillo College
CONCERN FOR STUDENT REPORT FORM

Student Name: _____ Date: _____ Time: _____

Student ID #: _____ Class/Office Involved: _____

Person Reporting: _____ Phone: _____

1. Describe clearly the behavior exhibited. Include the date, time, place of the incident and names of those involved. If more space is required to complete the report, please attach your report to this form. If there are other witnesses to this interaction who may be contacted, please list their name(s). Use specific language (e.g. "insulting, aggressive, disruptive" is too vague – use descriptive language e.g. "humming out loud 3 or 4 times per week" or " jittery, constantly moving chair, causing others to move away").

Description: _____

Witness Name(s): _____
Phone Number(s): _____

2. Action taken by faculty or staff member (check all that apply):

Conference - Date _____

Provided the following support (describe): _____

- Referred to general counseling
- Referred for psychological counseling at the Student Health Center
- Referred to Student Health Center for general health care concerns
- Referred to DSPS/Learning Skills Center
- Referred to Tutorial Center
- Other _____

3. If possible, inform the student that this report will be sent to the Dean of Student Services for further evaluation. If you can, give a copy of this report to the student. Students are encouraged to make an appointment with the Dean of Student Services to discuss this report and receive further information. For an appointment, the student should call 477-3584.

4. Signature of person reporting _____

(Check all that apply)

- I discussed this matter with the student
- I notified the student that this report will be sent to the Dean of Student Services
- I have given a copy of this report to the student.

PLEASE RETURN FORM TO THE DEAN OF STUDENT SERVICES
UNDER CONFIDENTIAL COVER