



Information/Incident Report

Office of the Dean of Students
Kehr Union, 101,
(570) 389-4734

Please fill out the information below and email to
the Office of the Dean of Students at deanofstudents@bloomu.edu

GENERAL INFORMATION

Date of Incident: _____ Time of Incident: AM PM

Location of Incident: _____

INDIVIDUALS INVOLVED IN INCIDENT

If the individual is a "non-student", please type "non-student" in the BUID # section

NAME	BUID #	Address	Cell # (if known)

WITNESS INFORMATION

NAME	BUID #	Address	Cell # (if known)

DESCRIPTION OF INCIDENT

Please provide a detailed/precise account of the incident that occurred. Please use: Third person, objective/factual information (do not incorporate your personal opinions), lists or outlines of events are helpful.

REPORTING PARTY INFORMATION

Name: _____ Status At University: Faculty Staff Student Guest

Contact Information: Phone Number: _____ Address: _____ Today's Date: _____

OFFICE USE ONLY

Code of Conduct Violation:

- | | | |
|---|---|--|
| <input type="checkbox"/> Academic Integrity | <input type="checkbox"/> Disorderly Conduct | <input type="checkbox"/> Harassment/Discrimination/ Physical Abuse |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Disruptive Classroom Conduct | <input type="checkbox"/> Hazing |
| <input type="checkbox"/> Breaking & Entering | <input type="checkbox"/> Failure to Comply | <input type="checkbox"/> Laws |
| <input type="checkbox"/> Computer & Network Misuse | <input type="checkbox"/> Firearms/Weapons | <input type="checkbox"/> Pledging Greek Social Organization |
| <input type="checkbox"/> Controlled Substance/Drugs | <input type="checkbox"/> Forgery | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Creating Safety Hazard | <input type="checkbox"/> Gambling | <input type="checkbox"/> Residence Hall/Apartment Policies |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Theft/Stolen Property | <input type="checkbox"/> Vandalism |