

**Bloomsburg University  
Office of Student Standards  
Information/Incident Report**

**Date of Incident** \_\_\_\_\_  
**Time of Incident** \_\_\_\_\_ AM  PM   
**Location** \_\_\_\_\_

<b>Type of Incident</b> (Check all that apply)			
<input type="checkbox"/> Hospital	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Psychological Concern	<input type="checkbox"/> Roommate Conflict <input type="checkbox"/> Other _____
<b>CODE OF CONDUCT:</b>			
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Disorderly Conduct	<input type="checkbox"/> Harassment	<input type="checkbox"/> Telephone Misuse
<input type="checkbox"/> Academic Integrity	<input type="checkbox"/> Disturbing the Peace	<input type="checkbox"/> Hazing	<input type="checkbox"/> Theft/stolen Property
<input type="checkbox"/> Breaking & Entering	<input type="checkbox"/> Failure to Comply	<input type="checkbox"/> Human Rights & Dignity	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Complicity	<input type="checkbox"/> Firearms/Weapons	<input type="checkbox"/> Pledging Greek Org.	
<input type="checkbox"/> Controlled Substances/Drugs	<input type="checkbox"/> Forgery	<input type="checkbox"/> Residence Hall/Apt Polices	
<input type="checkbox"/> Creating Safety Hazards	<input type="checkbox"/> Gambling	<input type="checkbox"/> Sexual Misconduct	

(Please Check the Appropriate)

**Conduct Report**  
 **File/Other**

**All Person(s) Involved** (AC/RD ONLY- Check Box for Discipline)

	<u>NAME</u>	<u>Student ID#</u>	<u>Hall</u>	<u>Room</u>	<u>Box#</u>	<u>Cell Phone #</u>
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____

**Detailed Report of the Situation**

This should be a **precise** account of the situation that required your attention. You should record *what you observed, action of person(s) involved, and your response to the situation.* (Only fact and specific dialogue should be reported.)

\_\_\_\_\_

\_\_\_\_\_

**RA Plan of Action/Follow-up:**

\_\_\_\_\_

**AC/RD Disposition:**

\_\_\_\_\_

**Other Staff Involved:**

<u>Name</u>	<u>Position</u>
_____	_____
_____	_____
_____	_____

**Name of Reporting Person:**

\_\_\_\_\_  
**Position:**

\_\_\_\_\_  
**Today's Date** \_\_\_\_\_