



Office of the Dean of Student Affairs

Incident Report Form

Office of Student Conduct

Dean of Student Affairs, Room: A216, Phone: (718)-368-5563

Email: studentconduct@kbcc.cuny.edu

Please use the form below to provide us with information about the concerns you have regarding this student(s). If there have been specific incidents, please be as detailed as possible in your description. Please understand that the information you provide will NOT be considered anonymous. While we make every effort to ensure privacy regarding the information provided and where it came from, the information may be shared with the student at any time throughout the process.

Report Information:

Your Name <i>Please provide your full name</i>	
Your Email <i>Please provide your email address so we can contact you if we have follow up questions regarding this report</i>	
Your Phone Number <i>Please provide your phone number so we can contact you if we have follow up questions regarding this report</i>	
Status at Kingsborough Community College	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other- Please define:
Contact Method <i>I prefer to be contact in the following manner</i>	<input type="checkbox"/> By email <i>(please note that this will be the fastest way to get a response to your inquiry)</i> <input type="checkbox"/> By phone <i>(please note that phone calls will be returned during regular business hours, Monday-Friday 9:00am-5:00pm. Please provide a phone number that you would feel more comfortable being contacted during these hours)</i>

Individuals Involved:

Student(s) Involved <i>Please list the names, emails and student ID numbers of all the students of concern that were involved in this incident</i>	
Witness(es)/Victim(s) <i>Please list the names (and emails or College ID numbers, if possible) of all the students who you consider to be witness(es) and/or victim(s) that were involved in this incident</i>	

**If the identity of the students and/or witness(es)/victim(s) are unknown, please provide a detailed description and as much identifying information as possible*

Incident Information:

Date/Time <i>Please provide the approximate date and time the incident occurred</i>	Date:	Time:
Location of the Incident		
Additional Information on location <i>Please provide as much detail about the</i>		



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location of this information as possible, example: classroom, office, hallway, etc...	
Incident Description Please provide as much information as possible about the incident or student you are concerned about (there is no text limit)	
Attach documents/Upload <i>Please upload any supporting documentation that you have for this incident. Examples include pictures, audio or video files, public safety reports, etc...</i>	

Additional Information

Areas of Consultations <i>If you consulted with others regarding this student/incident, please state with which department and individual you consulted with, if known.</i>	
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