



West Valley College

Office of Student Services

Student Incident Report

Reporting Procedures:
 1. Complete this form
 2. Submit to Dr. Victoria Hinds, Vice President of Student Services, electronically at: victoria.hinds@westvalley.edu or hand deliver to her office in the counseling building

Use this form to refer issues to the Vice President of Student Services and Director of Student Development.
 Form available at: <http://www.westvalley.edu/studentactivities/>, <http://wvm.edu/emergency/mentalhealth>, <http://wvm.edu/police/mentalhealth>

STUDENT INFORMATION			
Last Name:	First Name:	Student ID:	
Address:	Email:	Phone:	
PERSON SUBMITTING REPORT INFORMATION			
Last Name:	First Name:	Email:	Phone:
Date & Time of Incident/Infraction:		Location of incident/infraction:	
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"/> Violation of rules/regulations concerning student organizations, use of facilities, or time/place/manner of public expression	<input type="checkbox"/> Disorderly, lewd, or offensive conduct or expression		
<input type="checkbox"/> Dishonesty such as cheating/furnishing false information	<input type="checkbox"/> Use, possession, or distribution of alcohol/drugs OR violation of smoking		
<input type="checkbox"/> Unauthorized entry to, or use of, college facilities	<input type="checkbox"/> Assault/battery, abuse, or any threat of force or violence		
<input type="checkbox"/> Forgery, alteration, or misuse of college documents/ID	<input type="checkbox"/> Possession/use of firearms, explosives, or other weapons		
<input type="checkbox"/> Obstruction or disruption of College day-to-day operations	<input type="checkbox"/> Possession of any article as a weapon to threaten bodily harm		
<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"/> Misuse of College information, technology, or equipment/software/internet		
<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 information):			
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):	
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:	

Please submit this form to the VP of Student Services via email: Victoria Hinds (Victoria.Hinds@westvalley.edu) or hand deliver to her office in the counseling building. For more information, please call (408) 741-2020.

EMERGENCY: If student is a threat or help is needed immediately, call 9-1-1 or 408-299-3233