**Coastal Carolina Community College**

**Instructor/Institutional Representative  
Report of Student Incident\***

**Instructor Name:**

Click here to enter text.

**Name(s) of student(s) Involved in Incident:**

Click here to enter text.

**Date and Time of Incident:**

Click here to enter text.

**Location of Incident:**

Click here to enter text.

**Course Number/Name:**

Click here to enter text.

**What was the instructional assignment at the time of the incident**?

Click here to enter text.

**What was the student actually doing at the time of the incident?**

Click here to enter text.

**Where was the instructor/institutional representative at the time of the incident?**

Click here to enter text

**What was the instructor/institutional representative doing at the time of the incident?**

Click here to enter text.

**Describe the incident (from instructor/institutional representative’s perspective):**

Click here to enter text.

\*Incidents are class disruptions including accidents, illnesses, misconduct and other situations for which Campus Security is called or a record of the incident is needed.

Upon completion, the instructor is to submit this report to his/her Division Chair/Director/Supervisor. After review and signing, the form will be submitted to the appropriate Vice President.

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Instructor Signature Date

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Department Head/Coordinator (if applicable) Date

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Division Chair/Director/Supervisor Date