



## Student Conduct Incident Report Form

**Complainant Name & Date (Printed):** \_\_\_\_\_

**Student ID# (if applicable):** \_\_\_\_\_

**Contact Information:**  
**(Telephone & Address)** \_\_\_\_\_

**Co-Complainant Name & Date (Printed):** \_\_\_\_\_

**Student ID# (if applicable):** \_\_\_\_\_

**Contact Information:**  
**(Telephone & Address)** \_\_\_\_\_

**Witness(es) – Person(s) that was witness to the alleged Student Code of Conduct violation:**

**Name & Contact Information:** \_\_\_\_\_

**Name & Contact Information:** \_\_\_\_\_

Upon review of the Complainant statement, the College reserves the right to identify other sections of the Student Code of Conduct that may have been violated based solely off of the written report. A completed Conduct Report Form, in and of itself, does not necessarily infer that a violation has occurred.

In the space below, please mark all sections of the Student Code of Conduct that you feel may have been violated. Please refer to the Student Code of Conduct for definitions of each:

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Acts of Dishonesty   | <input type="checkbox"/> 11. Attempted or Actual Theft   |
| <input type="checkbox"/> 2. Disruption or Obstruction of Teaching                              | <input type="checkbox"/> 12. Firearms/Weapons Violation  |
| <input type="checkbox"/> 3. Failure to Comply with Directions of College Officials             | <input type="checkbox"/> 13. Abuse of Computer Facilities and Resources  |
| <input type="checkbox"/> 4. Violation of any College or MnSCU Policy, Rule or Regulation       | <input type="checkbox"/> 14. Unauthorized Possession, Duplication or Use of Keys to Any College Premises or Unauthorized Entry to or Use of College Premises |
| <input type="checkbox"/> 5. Violation of any Federal, State or Local Law                       | <input type="checkbox"/> 15. Riotous Acts  |
| <input type="checkbox"/> 6. Physical Abuse, Verbal Abuse, Threats, etc.                        | <input type="checkbox"/> 16. Obstruction of the Free flow of Pedestrian or Vehicular Traffic   |
| <input type="checkbox"/> 7. Sexual Harassment and Misconduct                                   | <input type="checkbox"/> 17. Abuse of Student Conduct Process and System   |
| <input type="checkbox"/> 8. Use, Possession, Manufacturing or Distribution of Drugs or Alcohol | <input type="checkbox"/> 18. Other Acts of Misconduct  |
| <input type="checkbox"/> 9. Hazing   |  |
| <input type="checkbox"/> 10. Lewd or Indecent Conduct  |  |



These/this event occurred:  On Campus;  Off Campus at a College Sponsored Event

If applicable, occurred in:

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(Class Name and Course Number)

Preferred Response:

- Report Only, complainant requires no further action be taken.
- Complainant requests further action to be taken by Dean of Student Services.