

Miles College

Student Incident Report Form

Date of incident: _____

Time: _____

Student Name (if known): _____

Name of Complainant: _____

Last Faculty Student First Administrator Staff

Location of Incident: _____

Building / Room

Recommended Disciplinary Action:

Expulsion Suspension
 Probation Fine
 Apology Other _____

Did you have to call Campus Security because of the incident?

Yes No

Is this your first incident/complaint involving this student?

Yes No

Are there witnesses to this incident?

Yes No

Please take time to answer the following questions completely (attach pages if necessary).

Please summarize what happened on the date of the incident:

I declare that the statements made in this complaint are true and complete to the best of my knowledge.

Signature/Date

Type or Print full name

Please return this form to the Dean of Student Affairs in Bell Hall on the First Floor, via fax to (205) 929-1461, or via email at gknight@miles.edu.