



SAM HOUSTON STATE UNIVERSITY

CAMPUS INCIDENT REPORT

Please fill out this form as completely as possible by typing your responses in the provided text boxes.
Once completed, print a copy and forward to the Dean of Students' Office.

Information of Individual Completing Report

Name: Today's Date: / /

Local Address:

☐ Faculty ☐ Staff ☐ Student ☐ Visitor

Campus Department/Office: Phone Number:

E-mail Address: Alternate Phone Number:

Student(s) Alleged to Have Violated the Code of Student Conduct

Student 1:

Name:

Address:

City: State:

Phone Number:

E-mail Address:

Student 2:

Name:

Address:

City: State:

Phone Number:

E-mail Address:

**If you need to include additional students, please include their information in the Narrative section of this form.*

Additional Information

Academic course and section number in which the incident occurred:

Emergency personnel called?

☐ No ☐ Yes ☐ University Police ☐ EMS ☐ Fire Dept. ☐ Other:

Name of University Police officer(s) involved:

Incident Type

Check all that apply. The Office of Judicial Affairs will verify the specific Code of Student Conduct violations after reviewing this submitted document.

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Hazing	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Academic Dishonesty	<input type="checkbox"/> Narcotics/Drugs	<input type="checkbox"/> Weapons
<input type="checkbox"/> Disorderly Conduct	<input type="checkbox"/> Assault	<input type="checkbox"/> Unauthorized Use
<input type="checkbox"/> Disruptive Classroom Behavior	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Harassment	<input type="checkbox"/> Theft	

Incident Information

Date of Incident: / /

Time of Incident: a.m. p.m.

Narrative

Please state the facts of the incident as specifically as you can recall them. Be sure to include names and any other details that help explain the situation. Please remember to remain objective and refrain from reporting opinions.

Your signature below indicates that you agree with the information provided and that to the best of your knowledge the information contained in the report is truthful. Dishonest reports and/or false claims could result in disciplinary action against the individual making a false report.

Signature of individual reporting incident: _____ Date: ____ / ____ / ____

After printing and signing this document, please forward it by mail, campus mail, or fax to the Dean of Students Office.

Mail to: Box 2508, LSC Suite 215

Phone: 936-294-1785 | Fax: 936-294-3093

Dean of Students Office Use Only

Individual Receiving Report: _____ Date Received: ____ / ____ / ____