Disruptive/Intimidating Incident Report Form

Dean of Students: 022 University (Main) Hall, 243-6413 or 243-5225
charles.couture@umontana.edu

COMPLAINANT:
Name: _______________________________  Telephone number: __________
E-mail address: ________________________  Department: ________________

STUDENT:
Name: _______________________________  ID number: ________________
Date of Incident: _______________________

INCIDENT DESCRIPTION:

PLEASE CHECK ONE OR MORE OF THE FOLLOWING BOXES:
The student:  □ stalked me  □ repeatedly contacted me against my wishes
□ yelled at me  □ swore at me  □ threatened me  □ threw an object
□ grabbed, pushed, or hit me, or initiated other unwanted physical contact
□ pounded on my desk or counter
□ purposefully blocked my path of exit
□ refused to comply with my request that he/she discontinue the disruptive behavior
□ refused to comply with my request to leave my area, e.g., counter, desk, or office
□ other, please describe: ______________________________________________

• Did you ask for assistance from the Office of Public Safety?  □ YES  □ NO
• Do you want the Dean of Students to initiate Student Conduct Code action?
□ YES  □ NO

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