



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