Gaston College Conduct Violation Form

Directions: Gaston College faculty, staff, or students should use this form to report a Student Code of Conduct violation. Remember, in an emergency call Campus Police. Students should provide a copy of this report along with applicable documentation to the Assistant Vice President for Student Affairs, or designee. Faculty and staff should provide a copy of this report along with applicable documentation to their immediate supervisor, Dean, and/or Vice President, and the Assistant Vice President for Student Affairs, or designee. (Additional policy information is in the Student Handbook under Student Code of Conduct/Disciplinary Procedures.)

Incident Date: ___________ Incident Time: ___________ Incident Location __________________________

Name of Student (s) Involved in Alleged Conduct Violation:

Name: ____________________________ ID # (if known): _______________ Phone: _______________

Name: ____________________________ ID # (if known): _______________ Phone: _______________

Name: ____________________________ ID # (if known): _______________ Phone: _______________

Witnesses:

Name: ____________________________ ID # (if known): _______________ Phone: _______________

Name: ____________________________ ID # (if known): _______________ Phone: _______________

Name: ____________________________ ID # (if known): _______________ Phone: _______________

Alleged Code(s) of Conduct Violated: ____________________________________________
__________________________________________________________
__________________________________________________________

Incident Description: __________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Attach additional sheets or use the back of this form if necessary.
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Actions Taken: ________________________________________________________________

______________________________________________________________

______________________________________________________________

The information provided on the above form is accurate to the best of my knowledge.

Name of Person Reporting ________________________________ Signature ________________________________

Phone ________________ Email ________________________________ Date ________________